



PARTICIPANT REGISTRATION FORM

TO BE COMPLETED FOR TACTILE ADAPTATIONS FOR VISUALLY IMPAIRED CHILDREN COMMERCIALY PUBLISHED BOOKS

*This registration form will follow the book through all the stages of the competition,
it is important. Please complete it as accurately as possible.*

* Mandatory elements.

YOUR NATIONAL PARTNER T&T* :

NAME OF INSTITUTION OR REPRESENTATIVE * :

COUNTRY* :

ADDRESS* :

.....

.....

E-MAIL* :

TITLE OF ORIGINAL WORK / ORIGINAL BOOK* :

.....

Author of the original text* :

.....

Author of the original illustration* :

.....

Publisher* :

Year of publication* :

.....

AUTHOR OF THE TACTILE ADAPTATION* :

.....
.....

E-mail*:

Profession:.....

Have you already taken part in the **Typhlo&Tactus** competition? YES / NO

If yes, in which year(s):

NAME AND ADDRESS TO WHICH THE BOOK MUST BE RETURNED BY YOUR NATIONAL T&T PARTNER (please be very specific):

NAME*:
.....

ADDRESS*:
.....

COUNTRY*:
.....

E- mail:
.....

Declaration

I agree that my tactile adaptation and their photos may be used for the purposes of communicating the Typhlo&Tactus competition: on the website [www. tactus.org](http://www.tactus.org), and on all documents relating to the promotion of tactile illustrated books and the competition (for example on the poster, on posters announcing the competition, or in PowerPoint presentations).

Date:*

Location*

Signature*: