

**2024**

**PARTICIPANT REGISTRATION FORM**

**TO BE COMPLETED FOR ORIGINAL BOOKS**

**SPECIALLY DESIGNED FOR VISUALLY IMPAIRED CHILDREN**

***This registration form will follow the book through all the stages of the competition,***

***it is important. Please complete it as accurately as possible***.

Please complete one copy of this form per book

\* Mandatory elements.

# YOUR NATIONAL PARTNER T&T\* :

NAME OF INSTITUTION OR REPRESENTATIVE \*: ClearVision Project

COUNTRY\*: UK

ADDRESS\*: ClearVision, Linden Lodge School, 61 Princes Way, London SW196JB

E-MAIL\*: info@clearvisionproject.org

# BOOK TITLE\*:

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Author of the text \*:..............................................................................................................................

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E-mail\*: .................................................................................................................................................

Profession:.............................................................................................................................................

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

If yes, in which year(s): .........................................................................................................................

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Author of the tactile illustration (if different)\* ......................................................................................................

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E-mail\*: ................................................................................................................................................

Profession:.............................................................................................................................................

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

If yes, in which year(s): .........................................................................................................................

# NAME AND ADDRESS TO WHICH THE BOOK MUST BE RETURNED BY YOUR NATIONAL PARTNER (leave blank if you’d like to donate the book to the ClearVision library, to be enjoyed by children with sight impriment across the UK):

NAME\*: .........................................................................:.....................................................................................

ADDRESS\*: ..........................................................................................................................................................

COUNTRY\*: ...............................................................................................................................................................

E- mail: ...............................................................................................................................................................

**Declaration**

**I agree that my tactile book and photos of it may be used for Typhlo&Tactus competition communication purposes: on the website 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\*: ............................................................................................................................................

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