



REGISTRATION FORM / QUESTIONNAIRE

International Youth Congress

17th to 22nd July 2004

Gwatt-Zentrum, Switzerland



Please return form to: Rheumaliga Schweiz, IYC 2004, Renggerstrasse 71,
CH-8038 Zürich, Switzerland, Fax: +41 (0)1 487 40 19,
Email: iyc2004@ioyr.org

PLEASE WRITE CLEARLY

First Name: _____

Last Name: _____

Address: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Birthday: _____ Male Female

Organisation: _____

Address: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Do you have a rheumatic disease ? Yes No

Diagnosis: _____

I'm on diet: Yes No

If yes, what kind of diet: _____



I can climb max. 5 steps 1 stair several floors

I need a room for wheelchairs Yes No

I will bring wheelchair electric electric

other help-remedies

which ones: _____

I need physical adaptation / help-remedies on place

Wheelchair others

which ones?: _____

Special needs: _____

I will bring an assistant: Yes No

Name: _____ Male Female

Address: _____

We will share a room Yes No

I need a single room (only limited number) Yes No

I will share a double room with _____

Questions? _____

Comments? _____

Final date for registration and payment: 30th of May 2004

Registration is complete and will be confirmed when we receive the fee!

Maximum number of participants is 60. If more than 60 register we might have to reduce the number of the participants of each country. We expect individuals, who are planning to participate in the IYC, to inform their youth / mother organisation before confirming their participation.

Date: _____ Signature: _____