

## Accompanying Declaration

### 10th ICEVI European Conference – Padova, 15-17 May 2025

As a registered participant in the 10th ICEVI European Conference, I, the undersigned, declare the following information regarding my accompanying persons, who will provide assistance and support during the entire duration of the conference and all related activities:

#### Personal Information of the Participant (Person with Vision Impairment):

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

#### Personal Information of Accompanying Person:

- Full Name: \_\_\_\_\_
- Relationship to Participant: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

#### Commitment of the Accompanying Person:

By signing this declaration, the accompanying person commits to:

1. **Providing Assistance:** Taking full responsibility for the care, assistance, and support of the participant with vision impairment during the entire duration of the 10th ICEVI European Conference, including all conference sessions, events, and related activities.
2. **Ensuring Safety and Well-being:** Ensuring the safety and well-being of the participant with vision impairment at all times throughout the conference.
3. **Adhering to Conference Rules and Regulations:** Abiding by the conference rules and regulations, and cooperating with the event organizers, staff, and other participants as required to ensure the smooth and inclusive participation of the person with vision impairment in all activities.

**Declaration and Signature:** I, the undersigned, hereby confirm that the information provided above is true and accurate, and I acknowledge that the accompanying person listed will assume full responsibility for the participant's needs during the conference.

Signature of Participant:

\_\_\_\_\_

Signature of Accompanying Person:

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_