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**APPLICATION**

for

***"Every deaf child has the right to quality education in the sign language"***

**National Council of the Republic of Slovenia**

**November 14, 2014**

Completed application forms can be sent

* via e-mail info@zveza-gns.si

You applications are expected until **November 11, 2014.**

**When entering your data, please use ALL CAPS.**

1. Name (please also enter your title, i.e. M.A. Janez Novak)

2. Home address

I declare that I allow Deaf and Hard of Hearing Clubs Association of Slovenia to send my information, which I give voluntarily, to the National Council of the Republic of Slovenia before the beginning of the Consultation to be used exclusively for prior preparation of evidence of entries and exits (from the building) of participants of the conference to enable faster procedure of registration. *All participants are requested to bring their identity document.*

Signature:....................................................

Place and date:..........................................

For additional information please call 01 500 15 00 or write to info@zveza-gns.si.