



**ELA FAMILIES/SCIENTISTS MEETING  
MARCH 28 & 29, 2015**

RETURN BY **FEBRUARY 6, 2015**  
(Even if you do not wish to attend):

- By email: [camille.lemaire@ela-asso.com](mailto:camille.lemaire@ela-asso.com)
- By Fax: + 33 3 83 30 00 68

**INFORMATION FAMILY MEMBERS**

LAST NAME: .....

FIRST NAME: .....

ADDRESS: .....

POSTAL/ZIP CODE: ..... CITY: .....

COUNTRY: .....

PHONE NUMBER: .....

**TYPE OF LEUCODYSTROPHY AFFECTING YOUR FAMILY:**

.....

**WHO IS/HAS BEEN CONCERNED IN YOUR FAMILY? (please circle)**  
(from the perspective of the person filling the form):

- **Child(ren),**
- **Brother(s), sister(s),**
- **Parent,**
- **Cousin,**
- **Spouse,**
- **Other (specify):** .....

**ATTENDANCE TO THE MEETING**

|                            | I participate            | I do not participate     | Reason for non-participation  |
|----------------------------|--------------------------|--------------------------|---|
| <b>Meeting</b>             | <input type="checkbox"/> | <input type="checkbox"/> | .....   |
| <b>Diseases' workshops</b> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Number of people : .....</b><br><br><b>Disabled person</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Please turn →*

**MEALS / ACCOMMODATION**

| LAST NAME<br>FIRST NAME | MEALS                         |                                |                                 |                              | ACCOMMODATION                            |  |
|-------------------------|-------------------------------|--------------------------------|---------------------------------|------------------------------|--|--|
|                         | Dinner<br>Friday,<br>March 27 | Lunch<br>Saturday,<br>March 28 | Dinner<br>Saturday,<br>March 28 | Lunch<br>Sunday,<br>March 29 | Overnight stay<br>of Friday, March<br>27 | Overnight stay of<br>Saturday, March<br>28 |
| .....<br>.....          | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| .....<br>.....          | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| .....<br>.....          | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/>                 | <input type="checkbox"/>                   |
| .....<br>.....          | <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>     | <input type="checkbox"/>                 | <input type="checkbox"/>                   |

**SPECIFICATIONS:**

**Food requirements (Blended, allergies) :** .....

**Type of room:**

1 double bed with the possibility of one extra twin bed

2 twin beds with the possibility of one extra twin bed

Is someone using a wheelchair:     YES         NO

*(Attention, this question does not necessarily imply access to an adapted room. Their number is limited.)*

**I enclose my payment of ..... persons X 15 euros,**

**meaning ..... X 15 €**

**= ..... euros**