INTERNATIONAL CIVIL AVIATION ORGANIZATION ASIA AND PACIFIC OFFICE

SECOND MEETING OF SPECTRUM REVIEW WORKING GROUP (SRWG/2)

(*Bangkok*, *Thailand*, 12 – 14 May 2015)

REGISTRATION FORM

1.	Name i	Name in full:					
	Mr.	Mrs. Ms.	Dr.	Capt.		(as should appear in the official listing and name tag)	
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2.	Title or Official Position:			:			
3.	State/Organization:						
	Mailing Address:						
4.							
5.	Telephone Number: Fax Number: E-mail:						
6.	Hotel						
0.	Hotel						
No	te 1:	Participan	ts are	expecte	d to make t	heir own hotel/visa arrangements	
No	te 2:		Meeting materials will only be available in soft copy (electronic) to participants.				
Please download meeting materials from the ICAO Asia/Pacific website (http://www.icao.int/apac) prior to the meeting.							
						the meeting.	
Ι	Date				Signa	ature	
Aft	er comp	leting, pleas	se sen	d to: IC	AO Regiona	d Office for Asia and Pacific, P.O. Box 11, Samyaek	
						2) 537 8199 or E-mail: <u>APAC@icao.int</u>	