|  |  |
| --- | --- |
| **International Civil Aviation Organization** |  |

**ASSOCIATION OF AFRICAN AVIATION TRAINING ORGANIZATIONS (AATO) CONFERENCE**

(Nairobi, Kenya, 2-4 April 2012)

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **First Name (in full)** |  |
| **Surname (in full)** |  |
| **Designation** |  |
| **Country** |  |
| **Organization** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **Email :** |  |
| **Hotel Reservation** |  |

*Please provide all the requested information and return by fax or email to:*

***Fax: +254 20 762 3028 or E-mail: icaoafiplan@icao.unon.org***

*Bottom of Form*