**INTERNATIONAL CIVIL AVIATION ORGANIZATION**

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL

**CAR/SAM SEMINAR/WORKSHOP ON IMPLEMENTATION OF ADVANCE SURVEILLANCE AND AUTOMATED SYSTEMS**

**SEMINARIO/TALLER CAR/SAM PARA LA IMPLANTACIÓN DE SISTEMAS AVANZADOS DE VIGILANCIA Y AUTOMATIZACIÓN**

Panama City, Panama, 22 - 25 September 2015/Ciudad de Panamá, Panamá, 22- 25 de septiembre de 2015

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

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| 1. Estado/*State:*  Organismo/*Organization:* | | | |  | | | | | | | | | | | | | | |
| 2. Nombre/  *Name:* | | | |  | | | | | | | | | | | | | | |
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| 3. Cargo/*Position*: | | | |  | | | | | | | | | | | | | | |
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| 4. Participa como / *Participates as:* | | | | | | | | | | | | | | | | | | |
| Miembro/*Member* | | |  |  | Alterno/*Deputy* | |  |  | Delegado/*Delegate* | | | | | |  |  | | Observador */ Observer* |  | |
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| 5. Dirección oficial */*  *Official address:* | | | |  | | | | | | | | | | | | | | |
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| 6. Tel.: |  | | | Fax: |  | | | | | E-mail: | |  | | | | | | |
| 7. Hotel o dirección en la ciudad/ *Hotel or local address:* | | | |  | | | | | | | | | | | | | | |
| 8. Información de vuelo/  *Flight information:* | | | | Vuelo llegada/ fecha/ hora/  *Arrival flight/ date/ hour:* | | | | |  | | | | | | | | | |
| Vuelo salida/ fecha/ hora/  *Departure flight/ date/ hour:* | | | | |  | | | | | | | | | |
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| Firma/  *Signature:* | | |  | | | | | | | | Fecha/ *Date:* | | | | |  | | |

***Please return this form to: / Por favor envíe este formulario a:*** *E-mail:* [*icaonacc@icao.int*](mailto:icaonacc@icao.int)