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| **Integrated Single Aeronautical Information Management (AIM) - Quality Management System (QMS) and Flight Planning Issues & Plans for AIM Transition Meeting/Workshop** |
| **(QMS, FPL, AIM Transition Workshop)** |
| St. John´s, Antigua and Barbuda, 14 to 18 March 2016 |
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**ATTACHMENT B**

**REGISTRATION FORM**

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| **1.** | **Position in your Delegation:**  *(Please select one option)* | **Chief Delegate** | | | |  | | | **Delegate** | | | | |  |
| **Adviser** | | | |  | | | **Observer** | | | | |  |
| **2.** | **Country / Organization** | |  | | | | | | | | | | | |
| **3.** | **Salutation** | | **Mr.** |  | | | | **Mrs.** | |  | | **Miss** |  | |
| **4.** | **Name** | |  | | | | | | | | | | | |
| **5.** | **Official Position or Title** | |  | | | | | | | | | | | |
| **6.** | **Official Telephone** | |  | | | | | | | | | | | |
| **7.** | **Mobile (to contact you in case of an emergency)** | |  | | | | | | | | | | | |
| **8.** | **Official E-mail** | |  | | | | | | | | | | | |
| **9.** | **Hotel and address where you will be staying during the event** | |  | | | | | | | | | | | |
| **10.** | **Please indicate if accompanied by your family** | | Yes | |  | | | | | # |  | | | |
| **11.** | **Dates of total stay in the venue Country** | |  | | | | | | | | | | | |
| **12.** | **Please indicate if you have any medical condition or allergies** | |  | | | | | | | | | | | |
| **13.** | **Emergency contact information in your country of origin** | | **Name** | | | |  | | | | | | | |
| **Relationship** | | | |  | | | | | | | |
| **Telephone** | | | |  | | | | | | | |

*Please send this form to:*

*E-mail* luana.isaac@ab.gov.ag*:*

Cc: [icaonacc@icao.int](mailto:icaonacc@icao.int)