****

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL

INTERNATIONAL CIVIL AVIATION ORGANIZATION

**Proyecto Regional RLA/03/901 - Sistema de Gestión de la REDDIG y Administración del Segmento Satelital**

**Regional Project RLA/03/901 - REDDIG Management System and Administration of the Satellite Segment**

Tercera Reunión Técnico/Operacional para la Implantación de la Nueva Red Digital REDDIG II (RTO/3)

Third Meeting on the Technical-Operational Implementation of the New REDDIG II Digital Network (RTO/3)

REDDIG II Preparatory Course / Curso Preparatorio de la REDDIG II

Bogota, Colombia, 28 July to 1 August 2014 / Bogotá, Colombia, 28 de Julio al 1 de Agosto de 2014

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participaré en RTO/3**  **Will participate in RTO/3** |  |  | **Participaré en Curso REDDIG II**  **Will participate in REDDIG II Course** |  |

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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:* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | Delegado/  *Delegate* | |  | | Asesor/ *Adviser* |  | |  | |  | | Observador/ *Observer* | | |  |  |  | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
| 5. Dirección oficial */*  *Business 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 de llegada/ fecha/ hora/  *Arrival flight/ date/ hour:* | | | | | | | |  | | | | | | | |
| Vuelo de salida/ fecha/ hora/  *Departure flight/ date/ hour:* | | | | | | | |  | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | |  | | | |
| Firma /  *Signature:* | | | |  | | | | | | | | | | | | | | Fecha / *Date:* | | |  | | | |

***Por favor envíe este formulario a: / Please return this form to:*** icaosam@icao.int