**Attachment C**

**Workshop on the Interconnection of Surveillance Systems**

**(Dakar, 14 – 16 April 2014)**

**REGISTRATION FORM**

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| * Please fill and forward the form in the same (MS Word) format. Do not fax, scan or change format to PDF. * Insert information in the grey empty boxes * Where appropriate, click to make the appropriate selection |
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| --- | --- | --- | --- |
| 1. Surname |  | |  |
| 1. Given Name (s) | |  | |
| 1. Job Title | |  | |
| 1. State/Organization | |  | |
| 1. Mailing Address | |  | |
| 1. Telephone | |  | |
| 1. Fax | |  | |
| 1. E-mail address | |  | |
| 1. Hotel | |  | |

**Note: Participants are expected to make their own hotel/visa arrangements. Hotel information is provided in the information bulletin.**

**Please complete and return this form to:** The Regional Director

ICAO WACAF Regional Office, Dakar, Senegal

Email: [icaowacaf@icao.int](mailto:icaowacaf@icao.int)

Copy to: [FMaiga@icao.int](mailto:FMaiga@icao.int)