

INTERNATIONAL CIVIL AVIATION ORGANIZATION  
WESTERN AND CENTRAL AFRICAN OFFICE

**ICAO AIM/SWIM Seminar for the AFI Region**  
(Dakar, Senegal, 7 – 9 September 2015)

**REGISTRATION FORM**

First Name  
(In block Letters)

\_\_\_\_\_

Last Name  
(In block Letters)

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State/Organization:

\_\_\_\_\_

Official Designation in  
Government/Organization:

\_\_\_\_\_

Permanent Address to which  
Mail should be sent after  
your departure :

\_\_\_\_\_

Telephone :

\_\_\_\_\_

E-mail :

\_\_\_\_\_

Fax N° :

\_\_\_\_\_

Local Hotel and  
Room Number :

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_