**Attachment B: Registration Form**

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*International Civil Aviation Organization*

**UPSET PREVENTION AND RECOVERY TRAINING (UPRT) WORKSHOP**

**(Toulouse, France, 8 - 9 September, 2016)**

**REGISTRATION FORM**

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| * Please fill and forward the form in the same (MS Word) format to **icaowacaf@icao.int** or Mr. Kebba Lamin Jammeh at **kjammeh@icao.int**. Do not fax, scan or change format to PDF.
* Insert information in the grey empty boxes
* Where appropriate, click to make the appropriate selection
 |
| 1. Surname
 |  |  |
| 1. Given Name (s)
 |  |
| 1. Job Title
 |  |
| 1. State/Organization
 |  |
| 1. Mailing Address
 |  |
| 1. Telephone
 |  |
| 1. Fax
 |  |
| 1. E-mail address
 |  |
| 1. Do you intend to participate in the simulator demonstration session**?**
 | YES/NOIf **YES**, please attach a scanned copy of your passport  |