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**RASG-AFI-2**

*International Civil Aviation Organization*

**SECOND MEETING OF THE REGIONAL AVIATION SAFETY GROUP**

**FOR AFRICA-INDIAN OCEAN (RASG-AFI/2)**

**(Dakar, Senegal, 1-2 November 2013)**

**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 | | | |
| 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 | |  | | |