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| **Sixth ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) Americas Meeting** |
| **(CAPSCA/6)** |
| Panama City, Panama, from 16 to 18 September de 2015 |
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**REGISTRATION FORM**

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| **1.** | **Position in your Delegation:***(Please select one option)* | **Chief Delegate**  |  | **Delegate**  |  |
| **Adviser**  |  | **Observer**  |  |
| **Speaker**  |  | **Moderator**  |  |
| **2.** | **Country / Organization** |  |
| **3.** | **Salutation**  | **Mr.** |  | **Mrs.** |  | **Miss** |  |
| **4.** | **Name**  |  |
| **5.** | **Official Position or Title**  |  |
| **6.** | **Official Telephone**  |  |
| **7.** | **Mobile (to contact you in case of an emergency)** |  |
| **8.** | **Official E-mail**  |  |
| **9.** | **Hotel and address where you will be staying during the event**  |  |
| **10.** | **Please indicate if accompanied by your family** | Yes |  | # |  |
| **11.** | **Dates of total stay in the venue Country**  |  |
| **12.** | **Please indicate if you have any medical condition or allergies**  |  |
| **13.** | **Emergency contact information in your country of origin** | **Name** |  |
| **Relationship** |  |
| **Telephone**  |  |

*Please send this form to:*

*E-mail:* icaonacc@icao.int