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| **ICAO Cabin Safety Workshops: Cabin Crew Competency-based Training and the Investigation of Cabin Safety Aspects in Accidents and Incidents** |
| Kingston, Jamaica, from 21 to 24 March 2017 |

**ATTACHMENT C**

**REGISTRATION FORM**

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|  | **I will attend…****(please mark box)** | * Cabin Crew Competency-based Training workshop
* Investigation of Cabin Safety Aspects in Accidents & Incidents workshop
* Both workshops
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| **1.** | **Position in your Delegation:***(Please select one option)***Posición dentro de su Delegación:***(Por favor seleccione una opción)* | **Chief Delegate /** **Jefe de la Delegación** |  | **Delegate / Delegado** |  |
| **Adviser / Asesor** |  | **Observer / Observador** |  |
| **2.** | **Country / Organization****País / Organización** |  |
| **3.** | **Salutation / Encabezamiento** | **Mr. / Sr.** |  | **Mrs. / Sra.** |  | **Miss / Srta.** |  |
| **4.** | **Name / Nombre** |  |
| **5.** | **Official Position or Title /** **Cargo o Título Oficial** |  |
| **6.** | **Official Telephone / Teléfono oficial** |  |
| **7.** | **Mobile (to contact you in case of an emergency)****Celular (para contactarle en caso de emergencia)** |  |
| **8.** | **Official E-mail / Correo-e oficial** |  |
| **9.** | **Hotel and address where you will be staying during the event / Hotel y dirección donde se estará hospedando durante el evento** |  |
| **10.** | **Please indicate if accompanied by your family****Por favor indique si lo acompaña su familia** | Yes / Sí |  | # |  |
| **11.** | **Dates of total stay in the venue Country** **Fechas de estancia total en el País del evento** |  |
| **12.** | **Please indicate if you have any medical condition or allergies / Por favor indique si usted tiene alguna condición médica o alergias** |  |
| **13.** | **Emergency contact information in your country of origin / Información de contacto para emergencias en su país de origen**  | **Name****Nombre** |  |
| **Relationship****Relación** |  |
| **Telephone** **Teléfono** |  |

*Please send this form to: / Por favor envíe este formulario a:*

*E-mail:* icaonacc@icao.int