

**ADJUNTO B / ATTACHMENT B**

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL /

INTERNATIONAL CIVIL AVIATION ORGANIZATION

RLA/06/901 Regional Project / Proyecto Regional RLA/06/901

**Reunión de Implantación AIDC en las Regiones NAM/CAR/SAM / Meeting of Implementation of AIDC in the NAM/CAR/SAM Regions**

Lima, Perú, 16 al 20 de abril de 2018 / Lima, Peru, 16 to 20 April 2018

FORMULARIO DE REGISTRO / REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Estado/*State:*  Organismo/*Organization:* | | | | | |  | | | | | | | | | | | | | | | |
| 2. Nombre/*Name:* | | | | | |  | | | | | | | | |  | | | | | | |
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| 3. Cargo/*Position*: | | | | | |  | | | | | | | | | | | | | | | |
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| 4. Participa como / *Participates as:* | | | | | | | | | | | | | | | | | | | | | |
| Miembro/  *Member* | | | **□** | Alterno/  *Deputy* | | **□** | | Delegado/  *Delegate* | **□** | Observador *Observer* / | **□** | | | Ponente/*Lecturer* | | | **□** | Instructor/  *Instructor* | | **□** | Alumno/  *Student* | **□** |
|  | | | | |  | | | | | | | | | | | | | | | | |
| 5. Dirección oficial */*  *Business address:* | | | | |  | | | | | | | | | | | | | | | | |
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| 6. Tel.: |  | | | |  | | | | E-mail: | |  | | | | | | | | | | |
| 7. Hotel o dirección en la ciudad/ *Hotel or local address:* | | | | |  | | | | | | | | | | | | | | | | |
| 8. Información de vuelo/  *Flight information:* | | | | | Vuelo llegada/ fecha/ hora/  *Arrival flight/ date/ hour:* | | | | | | | | | |  | | | | | | |
| Vuelo salida/ fecha/ hora/  *Departure flight/ date/ hour:* | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | |  | | | |  | | | |
| Firma/  *Signature:* | | | |  | | | | | | | | | | Fecha/  *Date:* | | | |  | | | |

***Por favor envíe este formulario a: / Please return this form to:*** *E-mail:* [*icaosam@icao.int*](mailto:icaosam@icao.int)