**INTERNATIONAL CIVIL AVIATION ORGANIZATION**

**ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL**

**Regional Preparatory Workshop for International Telecommunications Union World Radiocommunication Conference (ITU WRC-15) (Lima, Peru, 11 to 12 March 2013) and**

**Twenty-eighth Meeting of the Aeronautical Communication Panel Working Group-F (ACP WG-F/28) (Lima, Peru, 12 to 22 March 2013)**

**Taller Regional en Preparación para la Decimoquinta Conferencia Mundial de Radio Navegación de la Unión Internacional de Telecomunicaciones (UIT CMR-15) (Lima, Perú, 11 al 12 de marzo de 2013) y**

**Vigésimo-octava Reunión del Grupo de Trabajo F del Grupo de Expertos sobre Comunicaciones Aeronáuticas (ACP WG-F/28) (Lima, Perú, 12-22 de marzo de 2013)**

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

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| Participating in ITU WRC-15/  Participando en UIT CMR-15 | | | | | | |  | |  | | | | Participating in ACP WG-F/28  Participando en ACP WG-F/28 | | | | | | | | | | |  | | |
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| 1. Estado/*State:*  Territorio/Territory*:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 2. Nombre/  *Name:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 3. Cargo/*Position*: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. Participa como / *Participates as:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delegado/  *Delegate* | | | |  |  | | | |  | | Ponente/*Lecturer* | |  | |  | | |  | | 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 de llegada/ fecha/ hora/  *Arrival flight/ date/ hour:* | | | | | | | | | | | |  | | | | | | | |
| Vuelo de salida/ fecha/ hora/  *Departure flight/ date/ hour:* | | | | | | | | | | | |  | | | | | | | |
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| Firma / *Signature:* | | | | |  | | | | | | | | | | | | Fecha / *Date:* | | | | | | | |  | | |

**Por favor envíe este formulario a: */ Please return this form to: icaosam@icao.int***