



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

منظمة الطيران
المدني الدولي

国际民用
航空组织

Ref.: LT 2/6B.49-SA121
LT 11/49

Lima, 26 March 2014

To: Mr. Jean-Michel Boivin, Regional Director of Civil Aviation, West Indies and French Guiana
Mr. Zulficar Mohamed, Director General, Civil Aviation Authority, Guyana
Mr. Falisie Jozef Pinas, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 Regional Project – First Workshop on PBN Airspace Design in the SAM Region**
(Bogota/Colombia or Lima/Peru, 12 to 23 May 2014)

Action
required: Take note and nominate participants no later than **25 April 2014**

Sir,

I have the honour to address you this letter with reference to the activities of the RLA/06/901 Regional Project - “*Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological CNS support*”, to ICAO Assembly Resolution A37-11, adopting the global implementation of Performance Based Navigation (PBN) and to the efforts being made in this regard at regional level.

During SAM/IG/11 Meeting (Lima, Peru, 13 to 17 May 2013), States deemed it advisable to identify needs and extend training to ATM experts in the SAM Region, in order to support and facilitate PBN implementation plan at Terminal Areas level.

Taking into consideration the strategy for the mentioned training, I am pleased to invite your Administration to participate at the ***First Workshop on PBN Airspace Design in the SAM Region*** (phase 2), under the support of RLA/06/901 Regional Project, from 12 to 23 May 2014.

I would like to mention that the Colombian Administration indicated their willingness to sponsor this workshop in Bogota. This Regional Office will inform you about the site of the workshop, as well as the general information, agenda and accommodation alternatives as soon confirmed.

Likewise, I would appreciate your paying special attention to the profile and continued participation of experts in the various events of this nature to be carried out in 2014, in order to ensure the achievement of the expected objectives (see **Attachment A**).

Please note that the training will be conducted Spanish, with simultaneous English interpretation if sufficient English speaking participants provide timely registration. General information and pertinent documentation will be published as soon as available at the ICAO South American Regional Office's website (http://www.icao.int/SAM/Pages/ES/meetings_ES.aspx - *First Workshop on PBN Airspace Design in the SAM Region*).

States who wish send experts to attend this event could make use of the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved by your State;
- b) TWO fellowships sponsored by Regional Project RLA/06/901 for each State participating in this project, that does not count on the previous alternative, and having the interested administration to provide the air tickets to and from the host country; or
- c) Own resources of your Administration, in the lack of any of the previous alternatives.

For participants who require a fellowship, the ICAO fellowship nomination form is attached (**Attachment B**), and must be completed and submitted to this Office no later than **25 April 2014**.

In this regard, it is important to mention that the event has been covered thanks to the contribution of your State to Regional Project RLA/06/901, taking into account that part of the annual fee sent to the International Civil Aviation Organization (ICAO) has an issue established for this purpose.

According to the aforesaid, I invite your Administration to design experts from your State to attend this important event, by submitting the attached registration form (**Attachment C**), duly filled out for each participant, by email (icaosam@icao.int) or fax (+511 611-8689), to be received at this Regional Office no later than **25 April 2014**. Mr. Julio da Silva Pereira, Regional Officer ATM/SAR (jpereira@icao.int) and Mr. Roberto Arca Jaurena, Regional Officer ATM/SAR/AIM (rarca@icao.int), of the ICAO South American Office, are the focal points for this Workshop.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer
Regional Director
ICAO South American Office
Lima

Enclosure
As indicated

cc: Mr. Olivier Jouans, Regional Director of ATM services, West Indies and French Guiana
Mrs. Thelma Douglas Pinas, Permanent Secretary, Ministry of Transport, Communication and Tourism, Suriname
Mr. Robby Venlo, acting Director of Civil Aviation Department, Suriname
Mr. Brian De Souza, acting Director, CASAS, Suriname

ATTACHMENT A

PBN TRAINING STRATEGY

SAM/IG/12 Meeting (Lima, Peru, 14 to 18 October 2013), included this task in the Action Plan for the Optimization of the South American Airspace and concluded that the most beneficial would be to conduct the required training in three consecutive phases:

- The **first phase** consists of on-line training obtaining basic PBN concepts through the ICAO website (<http://www.icao.int/safety/pbn/SitePages/PBN%20ikit.aspx>) and the study by each one of the participants of the following PBN-related manuals: PBN Manual (Doc 9613), Manual on the use of PBN in airspace design (Doc 9992), Continuous descent operations manual (Doc 9931) and Continuous climb operations manual (Doc 9993).
- The **second phase** of training consists of participation for 2 weeks in Workshop I on PBN Airspace Design, which objective is to provide theoretical knowledge and develop a practical training on PBN terminal area design, selecting 1 high complexity TMA and 1 medium/simple TMA for the practical exercise. Terminal areas selected to conduct such exercise are Bogota TMA and Asuncion TMA, respectively.
- The **third phase** of training consists of participation in Workshop II on PBN Airspace Design, for one week, where the participants of the First Workshop present the basic preliminary design for 1 TMA selected for each State, so that it may be harmonized and optimized during the workshop using the techniques of the First Workshop, pursuing as well an integration of entry and exit points of these TMAs with a view to elaborate Version 3 of SAM ATS Route network.

This activity is targeted to train participants on the application of PBN in both Terminal Areas (TMA) and en-route, including ATM/COM/NAV/SUR capabilities of States, as well as traffic volume, fleets mix, equipment and traffic flows to solve real operational problems in a selected airspace. The philosophy will be to apply an end-to-end approach along a significant traffic flow.

Regarding the optimal profile of participants, it is recommended that States send at least one expert on airspace planning, with experience in terminal area and/or route design, and one qualified expert in instrument procedure design, with experience in the use of Auto-Cad software or other computer design tools, to attend the workshop. Participants are expected to work directly on the design and implementation of the selected terminal area, defining clear dates and milestones for the incorporation of the new airspace structure and will be responsible to submit their basic preliminary design to the Second Workshop (third phase of the training) for its harmonization and improvement, along with an implementation action plan.

Additionally to the required specific profile, it is considered that procedure designers and airline pilots/technicians/operation engineers would be of special assistance in both workshops for the assessment of procedures and to illustrate participants on the performance of different types of aircraft.

Considering the scope and importance of this event, in order to optimise training it is deemed advisable for the participating experts to have plans to remain in the Administration for at least 5 years after training is completed, in order to ensure the transfer of knowledge to other experts and achieve an optimal implementation of PBN. Moreover, in order to achieve the proposed objective, it is desirable that the participants of the two workshops (phases 2 and 3) should be the same.

ATTACHMENT B



INTERNATIONAL CIVIL AVIATION ORGANIZATION TECHNICAL COOPERATION BUREAU

GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

PART I – NOMINATION BY GOVERNMENT

Please note the following:

Paragraph 1 should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

Paragraph 2 should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

Paragraph 4. The objectives of the Fellowship should be stated concisely and accurately.

PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

Please see reverse side for additional information

PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

NOTE: Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

PART I – NOMINATION BY GOVERNMENT

The Government of _____ hereby:

1. Nominates: Mr./Mrs./Ms.* _____
(family name) (first name) (middle name)

for an ICAO fellowship in the field of _____

(Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

2. Requests the following programmes of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	

Total duration

NOTE: The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

*Delete that which is not applicable.

INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

PART I – cont'd

3. Requests that this fellowship be financed under the following technical co-operation programme:
(Check as appropriate and insert project number)

- | | | | | | |
|--------------------------|---------------------------------|--------------|-------|-----------|-------|
| <input type="checkbox"/> | UNDP Country Programme | Project No.: | _____ | Post No.: | _____ |
| <input type="checkbox"/> | UNDP Regional Programme | Project No.: | _____ | | |
| <input type="checkbox"/> | UNDP Interregional Programme | Project No.: | _____ | | |
| <input type="checkbox"/> | Trust Funds agreement with ICAO | Project No.: | _____ | | |

4. Declares that the objectives of this fellowship are:

5. With respect to the nominees's transportation to and from host country(ies), agrees that:

- Will assume costs
 Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of ____ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

Signature of Civil Aviation Authority

Date: _____

Name: _____
(type or print)

Title: _____
AFFIX OFFICIAL SEAL OR STAMP

OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: _____

Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:														
4. Private address (for mailing purposes): Telephone _____ E-mail _____																
5. Name and address of person to be notified in case of emergency (other than the government authorities): Telephone _____ E-mail _____																
6. Language ability: a) Mother tongue _____ b) Language/s used in Primary and Secondary school _____ c) Other language/s of which nominee has a working knowledge _____ d) Language/s to be used in proposed fellowship programme _____																
7. School education record:																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:60%;">Name, Town, Country of School/s</th> <th colspan="2" style="text-align:center;">Period</th> <th rowspan="2" style="width:40%;">Grade completed and certificate acquired</th> </tr> <tr> <th style="width:10%;">from</th> <th style="width:10%;">to</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name, Town, Country of School/s	Period		Grade completed and certificate acquired	from	to								
Name, Town, Country of School/s	Period			Grade completed and certificate acquired												
	from	to														
8. College/university education record: (If you have graduated with a diploma or degree indicate under "subject/s studied" only the major subject/s studies. Otherwise indicate all the subjects studied)																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Name of college/university</th> <th rowspan="2" style="width:30%;">Subject/s studied</th> <th colspan="2" style="text-align:center;">Period</th> <th rowspan="2" style="width:10%;">Degree /Diploma acquired</th> </tr> <tr> <th style="width:10%;">from</th> <th style="width:10%;">to</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of college/university	Subject/s studied	Period		Degree /Diploma acquired	from	to							
Name of college/university	Subject/s studied	Period			Degree /Diploma acquired											
		from	to													
9. Technical and/or specialized training record: (Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:25%;">Name and place of Training Institute</th> <th rowspan="2" style="width:30%;">Subject/s studied</th> <th colspan="2" style="text-align:center;">Period</th> <th rowspan="2" style="width:10%;">Duration (weeks)</th> <th rowspan="2" style="width:15%;">Diploma/Certificate acquired</th> </tr> <tr> <th style="width:10%;">from</th> <th style="width:10%;">to</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name and place of Training Institute	Subject/s studied	Period		Duration (weeks)	Diploma/Certificate acquired	from	to						
Name and place of Training Institute	Subject/s studied	Period			Duration (weeks)	Diploma/Certificate acquired										
		from	to													

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
 FELLOWSHIP NOMINATION FORM**

PART II – cont'd

10. Employment record:
 (Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

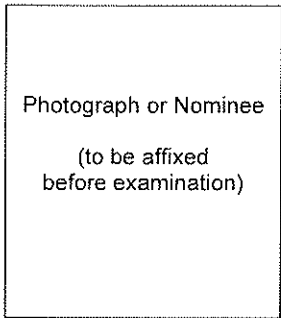
11. Nominee's statement:

- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
 - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
 - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
 - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
 - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
 - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: _____

 Nominee's Signature



**INTERNATIONAL CIVIL AVIATION ORGANIZATION
 FELLOWSHIP NOMINATION FORM**

PART IV - A – MEDICAL REPORT

Notes:

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. _____ having completed the medical examination of nominee Mr./Mrs./Ms.* _____ whose photograph appears above, certifies the following:

(Check as appropriate)

The Nominee:

1. Is physically able to travel abroad? _____
2. Is mentally and physically able to carry out intensive studies? _____
3. Is free from infectious diseases? _____
4. Has good hearing? _____
5. Has good eyesight? _____
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? _____

Yes	No

Additional comments by Medical Practitioner:

Date: _____

 Signature of Medical Practitioner

 *Delete that which is not applicable

AFFIX OFFICIAL SEAL OR STAMP
 (to be affixed across photograph also)

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART IV - B – MEDICAL REPORT FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1. THIS PAGE TO BE COMPLETED BY NOMINEE					
Place and date of examination					
Full name		Nationality		Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth			Marital status		
Type of license to be trained for: Initial <input type="checkbox"/> PP <input type="checkbox"/> Other: _____ ATCO <input type="checkbox"/> CP <input type="checkbox"/>					
Have you previously been examined for flight crew or air traffic control duties?		Yes <input type="checkbox"/> If yes, when and where? No <input type="checkbox"/>		Were you declared: Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	
Has a "medical waiver" ever been issued to you?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Flight time: Total		Last six months:			
Type of aircraft presently flown		Jet <input type="checkbox"/> Prop <input type="checkbox"/>		Helicopter <input type="checkbox"/>	
Have you had any aviation accidents?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, elaborate under Remarks	
MEDICAL HISTORY Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)					
		Yes	No		
Frequent or severe headaches				Nervous trouble of any kind	
Dizziness or fainting spells				Any drug or narcotic habit	
Unconsciousness for any reason				Excessive drinking habit	
Eye trouble except glasses				Attempted suicide	
Hay fever				Motion sickness requiring drugs	
Asthma				Rejection for life insurance	
Heart trouble				Admission to hospital in the last two years	
High or low blood pressure				Record of traffic convictions	
Stomach trouble				Record of other convictions	
Kidney stone or blood in urine				Gynecological / Obstetrical conditions	
Sugar or albumin in urine				Other illnesses	
Epilepsy or fits				Are you in good physical and mental health as far as you know and believe?	
Is there any family history of:		Diabetes <input type="checkbox"/>		Cardiovascular disease <input type="checkbox"/>	
				Tuberculosis <input type="checkbox"/> ?	
REMARKS					
NOMINEE'S DECLARATION: I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.					
Signature of Nominee: _____			Date: _____		

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART IV - B - cont'd

(Every nominee must undergo a complete medical examination, conducted by a designated medical examiner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested. THIS PAGE TO BE COMPLETED BY MEDICAL EXAMINER.)

Height	Weight	Build - Slender <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Obese <input type="checkbox"/>
		Normal	Abnormal		
Head, face, neck and scalp				Vascular system	Normal
Nose				Abdomen and viscera (including hernia)	Abnormal
Sinuses				Anus and rectum (hemorrhoids, fistula, prostate)	
Mouth and throat				Endocrine system	
Ears, general (int. & ext. canals)				G-U system	
Drums (perforation)				Upper and lower extremities (strength, range of motion)	
Eyes, general				Spine, other musculoskeletal	
Ophthalmoscopic				Identifying body marks, scars, tattoos	
Pupils (equality and reaction)				Skin and lymphatics	
Ocular mobility (associated parallel movement, nystagmus)				Neurologic (tendon reflexes, equilibrium, sense, co-ordination, etc.)	
Lungs and chest (including breasts)				Psychiatric (specify any personality deviation)	
Heart (thrust, size, rhythm, sounds)				General systemic	

Blood pressure	Systolic	} sitting		Distant vision:	
	Diastolic			Right eye:	20/ Corrected to 20/
	Systolic	} recumbent		Left eye:	20/ Corrected to 20/
	Diastolic			Both eyes:	20/ Corrected to 20/
Pulse: sitting				Near vision	N Chart value:
				Intermediate vision	N Chart value:

	Hearing	Audiometry					
	cv wv	500	1000	2000	3000		
Right ear	ft ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colour vision	Normal
Left ear	ft ft	dB loss <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Abnormal

LABORATORY EXAMINATIONS

Urinalysis	Sugar	Albumin	Blood analysis:	Hb
Microscopic:			Sedimentation rate	
ECG	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Chest X-ray	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Summary (Abnormal findings, remarks and recommendations)

Nominee is/is not* medically fit for flight crew/air traffic control* duties

MEDICAL EXAMINER'S DECLARATION

I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.

Date and place of examination	Aviation medical examiner's signature
-------------------------------	---------------------------------------

NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – Personnel Licensing.

*Delete that which is not applicable



ADJUNTO C / ATTACHMENT C

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL
INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

PRIMER TALLER SOBRE DISEÑO PBN DEL ESPACIO AÉREO EN LA REGIÓN SAM
FIRST WORKSHOP ON PBN AIRSPACE DESIGN IN THE SAM REGION

12 al 23 de mayo de 2014 / 12 to 23 May 2014

FORMULARIO DE REGISTRO / REGISTRATION FORM

1. Estado/*State*:
Organismo/*Organization*: _____

2. Nombre/*Name*: _____

3. Cargo/*Position*: _____

4. Participa como / *Participates as*:

Miembro/ Alternativo/ Delegado/ Observador Ponente/ Instructor/ Alumno/
Member Deputy Delegate Observer Lecturer Instructor Student

5. Dirección oficial /
Business address: _____

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: _____