



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

LN 3/24.1 - SA5006

Lima, 7 January 2016

To: Mr. Philippe Guivarch, Regional Director of Civil Aviation, West Indies and French Guiana
Ms. Chaitrani Heeralall, Director General, Civil Aviation Authority (ag), Guyana
Mr. Andojo Rusland, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 – First Meeting of implementation of AIDC (ATS data communications between facilities) in the SAM Region (Lima, Perú, 28 to 30 March 2016)**

Action

required: a) Take note and nominate participants no later than 4 March 2016
b) Submit application form for a grant from ICAO no later than 4 March, 2016

Distinguido señor:

I have the honour to address you this letter making reference to the program of activities of the Regional Project RLA/06/901 - *Assistance for the implementation of a regional ATM system considering the ATM operational concept and the corresponding technological support for CNS*.

In this regard, the First Meeting of AICD in the SAM Region will be held at the premises of this Regional Office, in Lima, Peru, from 28 to 30 March 2016.

This Meeting is aimed at the implementation of the automated data exchange between units of air traffic services in support of the notification and coordination of flights, as well as the transfer of control and communication.

The implementation of AIDC provides notable benefits among which are the controllers workload reduction, error reduction collation / re-heard during coordination; significantly reducing oral coordination between ATS units; and mitigating the LHD (large height deviations).

Is one of the implementation priorities considered by the Declaration of Bogota Thirteenth Meeting of Civil Aviation Authorities - RAAC/13 carried out from 4 to 6 December 2013) for the SAM air navigation (in which all SAM States committed in its implementation in the period 2014 to 2016.

Therefore I am pleased to invite your Administration/Organization to participate, and propose the name of your candidates no later than **March 4**, 2016, taking into account the considerations below.

The profile of the participating experts is extremely important since they will provide recommendations for the effective operational implementation of AIDC, consequently the participation of the focal points nominated by the Administration coordinating the implementation of the interconnection of automated systems is recommended (see **Attachment A**). If your State has not yet nominated a focal point in this regard, the participant should be a professional from the operational and technical area with wide experience in the installation and operation of automated systems in ATS units specially in the implementation of AIDC.

The tentative agenda for the Meeting will sent to you soon.

States wishing to attend may make use of the following financing alternatives:

- a) Fellowships sponsored by Regional Project RLA/06/901, having one fellowships for each member State of this project, having the interested administration to provide the air tickets to and from the host country to both participants
- b) Fellowships from a national ICAO Technical Cooperation Project approved by your State; or
- c) Own resources of your administration, in the lack of any of the previous alternatives.

For participants who require a fellowship from project RLA/06/901, the ICAO nomination form is attached (**Attachment B**), and must be completed and submitted to this Office as soon as possible.

In this regard, it is important to inform that the event has been covered by a contribution from your State, considering that part of the annual fee sent to the International Civil Aviation Organization (ICAO) has been addressed for this purpose.

The documentation of the event, such as working and information papers , will be published ICAO SAM Office website: <http://www.icao.int/sam>. No documentation is foreseen for distribution during the event; therefore, it is recommended that participants bring a lap-top, or print the related documentation. The event will be carried out in Spanish with simultaneous interpretation services in English only if confirmation of English speaking participants is received in this Regional Office no later than to March 11, 2016.

The event information paper, which contains general information to assist the participants, is provided in **Appendix C**, and the registration form to be filled up by each participant, in **Appendix D**.

Accept, Sir/Madam, the assurances of my highest consideration.



Franklin Hoyer
Regional Director
ICAO South American Office
Lima

Enclosure

As indicated

cc: Mr. Claude Miquel, Deputy Director of Civil Aviation, West Indies and French Guiana
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. Faizel Baarn, acting Head of Civil Aviation Department, Suriname
Mr. Brian De Souza, acting Director, CASAS, Suriname
Mr. Marcus Doller, Air Safety Support Intl. (ASSI), United Kingdom
Mr. Bruce D'Ancey, Policy Specialist, Flight Ops, Air Safety Support International (ASSI), United Kingdom

ADJUNTO A / ATTACHMENT A

PUNTOS FOCALES NACIONALES / NATIONAL FOCAL POINTS

IMPLANTACIÓN INTERCONEXIÓN SISTEMAS AUTOMATIZADOS / IMPLEMENTATION OF INTERCONNECTION OF AUTOMATED SYSTEMS

ESTADO/ STATE	ADMINISTRACIÓN/ ADMINISTRATION	NOMBRE/NAME	CARGO/POST	TELÉFONO/ TELEPHONE	E-MAIL
ARGENTINA	DGCTA	Rubén Silva	Especialista ATM sistemas automatizados		rubensilva@hotmail.com
		Mario Correa	Jefe sistemas automatizados ATS	(54 11) 4317-6015	mario_correa@yahoo.com.ar
		Javier Vittor	Especialista CNS	(54 11) 4480-2362 (54 911) 6894-0692	javiervittor@gmail.com
	ANAC	Diego Agüero	Técnico automatización	(54911) 2258-7836 (5411) 5941-3000 Ext.69-128	daguero@anac.gob.ar
BOLIVIA					
BRAZIL/ BRASIL	DECEA	Alexander Santoro	Especialista CNS	(55 21) -2101-6620	santoroaas@decea.gov.br
		Murilo Loureiro	Asesor sistemas automatizados	55 (21) 2101-6658	murilo.loureiro@gmail.com
COLOMBIA	UAEAC	Harlen Mejía	Jefe de Aeronavegación		harlen.mejia@aerocivil.gov.co
		Mauricio Ferrer	Especialista ATM sistemas automatizados		mauricio.ferrer@aerocivil.gov.co
		Pedro Alejandro Velasco	Jefe Grupo de Vigilancia Aeronáutica	(57) 317656-7203	pedro.velasco@aerocivil.gov.co
CHILE	DGAC	Pedro Pastroian	Especialista radar y sistemas automatizados	(56 2) 836-4005 (56 2) 644-8345	ppastroian@dgac.gob.cl
		Christian Vergara	Especialista comunicaciones	(56 2) 836-4005 (56 2) 644-8345	cvergara@dgac.gob.cl
		Gustavo Cáceres Moraga	Controlador Tránsito Aéreo Ofc. Operaciones ACCS	(56 2) 91581853 (56 2) 28364018	gcaceres@dgac.gob.cl

ESTADO/ STATE	ADMINISTRACIÓN/ ADMINISTRATION	NOMBRE/NAME	CARGO/POST	TELÉFONO/ TELEPHONE	E-MAIL
ECUADOR	DAC	Raul Avellan	Especialista CNS coordinador sistema AMHS	(593 4) 269-2829 (593 9) 9530-2735	raul.avellan@aviacioncivil.gob.ec
		Jorge Zúñiga	Programación FDP y coordinaciones		jorzu40@hotmail.com
GUYANA					
GUYANA FR./ FRENCH GUIANA					
PANAMA	Autoridad Aeronáutica Civil (AAC)	Mario Antonio Facey Howard	Especialista radar y sistemas automatizados	(507) 315-9852/65	mfacey@aeronautica.gob.pa
PARAGUAY	DINAC	David Torres	Jefe de Sección, Encargado del Sistema ATM ARCON2100	(595) 9812-31575	dr.torres33@gmail.com
		Diego Ramón Aldana Fernández	Supervisor ACC/APP	(595) 21 645-707	diegoaldana@gmail.com
		Enrique Alfredo Sánchez	Supervisor ATS	(595) 9948-80924	esanchez69@gmail.com
PERÚ	CORPAC	Johnny Ávila	Jefe equipos centro de control	(511) 230-1000 Anexo:1267	javila@corpac.gob.pe
		Jorge Eduardo Merino Rodríguez	Especialista ATM Controlador de Tránsito Aéreo	(51 1) 230-1000 Ext 1158 (511) 5750886 (Centro de Control Lima) (511) 5750995 Mobile: 51 99737407	jmerino@corpac.gob.pe jemr69@yahoo.com
		Gino Lago	Especialista ATM Controlador de Tránsito Aéreo	(51 1) 414-1000	glago@corpac.gob.pe
		Raul Anastasio Granda	Supervisor Comunicaciones AMHS-AFTN Área de Comunicaciones Fijas Aeronáuticas	(511) 230-1018	ranastacio@corpac.gob.pe
SURINAM/ SURINAME					

ESTADO/ STATE	ADMINISTRACIÓN/ ADMINISTRATION	NOMBRE/NAME	CARGO/POST	TELÉFONO/ TELEPHONE	E-MAIL
URUGUAY	DINACIA	Antonio Lupacchino	Especialista CNS sistemas automatizados	(598) 2604-0408 Ext.4520	alupacch@yahoo.com.ar
		Gustavo Turcatti	Jefe Departamento Operativo de Tránsito Aéreo	(598) 2604-0408 Ext.5111	blantur@gmail.com
VENEZUELA	INAC	Alfredo A. Dávila Alfonzo	Coordinador Área de Trabajo ATS	(58 212) 2774-439	a.davila@inac.gob.ve
		Francisco Antonio Ortiz	Gestión Operacional ATM		f.ortiz@inac.gob.ve



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.

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 nominee'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:
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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:

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)

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)

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 III – LANGUAGE TEST

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: _____

Nominee's name: Mr./Mrs./Ms.*: _____

Language for which test was set: _____

RESULTS

(Check as appropriate)

1. Understanding:

- a) Understands without difficulty when addressed at normal speed.
- b) Understands nearly everything at normal speed although occasional repetition may be necessary.
- c) Understands almost everything if addressed slowly and carefully.
- d) Requires frequent repetition and/or translation of words and phrases.
- e) Does not understand even the simplest conversation.

2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible.
- b) Occasionally makes errors which do not, however, obscure meaning.
- c) Makes frequent errors which occasionally obscure meaning.
- d) Speaks with so much difficulty that comprehension is difficult.
- e) Errors in speech so severe as to make comprehension virtually impossible.

3. Reading:

- a) Reads fluently with full comprehension.
- b) Reads slowly but understands almost everything he/she reads.
- c) Reads with difficulty; often consults the dictionary.
- d) Cannot understand what he/she reads.

4. Writing:

- a) Writes with ease and accuracy.
- b) Writes with few mistakes; can be understood.
- c) Writes with difficulty and makes frequent mistakes.
- d) Cannot write.

CONCLUDING REMARKS

Would this person be able to follow a technical course in this language? Yes No

Date: _____

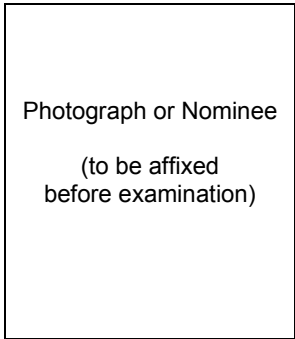
Signature of examiner

Name: _____

(type or print)

AFFIX OFFICIAL SEAL OR STAMP

*Delete that which is not applicable



**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 - 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)	
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/
Pulse: sitting	Systolic	} recumbent				Left eye:	20/	Corrected to 20/
	Diastolic					Both eyes:	20/	Corrected to 20/
						Near vision		N Chart value:
						Intermediate vision		N Chart value:

Hearing		Audiometry				Normal	Abnormal
Right ear	cv ft	500	1000	2000	3000		
Left ear	wv ft	dB loss	dB loss	dB loss	dB loss		

LABORATORY EXAMINATIONS

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

ATTACHED C

INTERNATIONAL CIVIL AVIATION ORGANIZATION
South American Office – Regional Project RLA/06/901

AIDC/1-IP/01
7/01/16

*Support for the Implementation of a Regional ATM System Considering the
ATM operational concept and the corresponding CNS Support Technology*

First Meeting on AIDC implementation
(Lima, Perú, 28 to 30 March 2016)

GENERAL INFORMATION

(Presented by Secretariat)

1. **Place and dates**

The First Meeting on AIDC implementation (AIDC/1), will be held at the facilities of this Regional Office (SAM), from 28 to 30 March 2016. Since we count with two conference rooms, it will be appreciated that upon arriving in the Office, you verify where the event will take place – floor 3 or 4.

2. **Coordinator**

Mr. Onofrio Smarrelli
Regional Officer CNS of the Regional Office SAM of ICAO
Tel: +511 611-8686, Int.107
E-mail: icaosam@icao.int
osmarrelli@icao.int

3. **Registration of participants**

Participants should register on Monday, March 28, 2016 from 8:30 to 9:00 am at the site of the meeting.

4. **General Information**

Found in the “*General Information*”, “*Weather*” and “*Hotels*” sections in the ICAO SAM Regional Office website, on the ICAO SAM Office’s Website <http://www.icao.int/SAM>.

5. **Link for documentation**

The documentation will be posted on the ICAO SAM Regional Office website <http://www.icao.int/sam>, meetings, and participants should check this website frequently to download the documentation. All participants must bring their own set of documentation to the place of the (hard copy or electronically in a laptop) to the meeting venue, there will be not hard copies available for distribution.



ADJUNTO D / ATTACHMENT D

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL /
INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

Primera Reunión de Implantación AIDC / First Meeting on AIDC Implementation

Lima, Perú, 28 al 30 de marzo de 2016 / Lima, Peru, 28 to 30 March 2016

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/ Vuelo llegada/ fecha/ hora/
Flight information: *Arrival flight/ date/ hour*: _____

Vuelo salida/ fecha/ hora/
Departure flight/ date/ hour: _____

Firma/ Fecha/
Signature: _____ *Date*: _____