

COM CO-ORDINATION MEETING

(New Delhi, India, 16-17, December 2014)

NOMINATION/REGISTRATION FORM

PLEASE COMPLETE THIS FORM CLEARLY WITH CAPITAL LETTERS

Name: (As should appear in the official listing and name tag with family name first)

Mr. _____

Ms. _____

Title or official position: _____

State/Organization represented: _____

Address: _____

City: _____ **Country:** _____

Telephone number: _____

Fax number: _____

E-mail address: _____

Note: Participants are expected to make their own hotel/visa arrangements

Date: _____ **Signature:** _____

After completing, please send it by fax or e-mail to:

ICAO Asia and Pacific Office, *P.O. Box 11, Samyae Ladprad, Bangkok 10901, Thailand*

Fax: +66 (2) 537 8199

E-mail: APAC@icao.int **cc:** pli@icao.int