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| **Automatic dependent surveillance – broadcast (ADS-B) Implementation Meeting**  **Reunión de Implementación de la Vigilancia dependiente**  **automática – radiodifusión (ADS-B)** |
| **(ADS-B/IMP)** |
| Mexico City, Mexico, 27-29 April 2015 / Ciudad de México, México, 27 al 29 de abril de 2015 |
|  |

**ATTACHMENT/ADJUNTO B**

**REGISTRATION FORM / FORMULARIO DE REGISTRO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Position in your Delegation:**  *(Please select one option)*  **Posición dentro de su Delegación:**  *(Por favor seleccione una opción)* | **Chief Delegate /**  **Jefe de la Delegación** | | | |  | | | **Delegate / Delegado** | | | | |  |
| **Adviser / Asesor** | | | |  | | | **Observer / Observador** | | | | |  |
| **Speaker / Conferencista** | | | |  | | | **Moderator / Moderador** | | | | |  |
| **2.** | **Country / Organization**  **País / Organización** | |  | | | | | | | | | | | |
| **3.** | **Salutation / Encabezamiento** | | **Mr. / Sr.** |  | | | | **Mrs. / Sra.** | |  | | **Miss / Srta.** |  | |
| **4.** | **Name / Nombre** | |  | | | | | | | | | | | |
| **5.** | **Official Position or Title /**  **Cargo o Título Oficial** | |  | | | | | | | | | | | |
| **6.** | **Official Telephone / Teléfono oficial** | |  | | | | | | | | | | | |
| **7.** | **Mobile (to contact you in case of an emergency)**  **Celular (para contactarle en caso de emergencia)** | |  | | | | | | | | | | | |
| **8.** | **Official E-mail / Correo-e oficial** | |  | | | | | | | | | | | |
| **9.** | **Hotel and address where you will be staying during the event / Hotel y dirección donde se estará hospedando durante el evento** | |  | | | | | | | | | | | |
| **10.** | **Please indicate if accompanied by your family**  **Por favor indique si lo acompaña su familia** | | Yes / Sí | |  | | | | | # |  | | | |
| **11.** | **Dates of total stay in the venue Country**  **Fechas de estancia total en el País del evento** | |  | | | | | | | | | | | |
| **12.** | **Please indicate if you have any medical condition or allergies / Por favor indique si usted tiene alguna condición médica o alergias** | |  | | | | | | | | | | | |
| **13.** | **Emergency contact information in your country of origin / Información de contacto para emergencias en su país de origen** | | **Name**  **Nombre** | | | |  | | | | | | | |
| **Relationship**  **Relación** | | | |  | | | | | | | |
| **Telephone**  **Teléfono** | | | |  | | | | | | | |

*Please send this form to: / Por favor envíe este formulario a:*

*E-mail:* [icaonacc@icao.int](mailto:icaonacc@icao.int)