



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

*When replying please quote:*

Ref.: NT-N1-2.8, NT-NS2-35 — **E.OSG - NACC72519**

26 March 2018

**To:** CAR States, Territories and International Organizations

**Subject:** Invitation – Second Air traffic Flow Management (ATFM) Basic Training  
(Santo Domingo, Dominican Republic, 5 – 8 June 2018)

**Action**

- Required:**
- 1) Submission of fellowship nomination forms by 7 May 2018.
  - 2) Register participation by 18 May 2018.

Sir/Madam,

Further to the announcement made in the Fifth North American, Central American and Caribbean Working Group Meeting (NACC/WG/5), held in Port of Spain, Trinidad and Tobago, from 22 to 26 May 2017, by the Air Traffic Flow Management (ATFM) Task Force, and as part of the support activities for ATFM implementation, I wish to invite your Administration/Organization to participate in the Second ATFM Management Basic Training, developed and provided by the United States Federal Aviation Administration, which will be convened at Academia Superior de Ciencias Aeronáuticas (ASCA), Santo Domingo, Dominican Republic, from 5 to 8 June 2018, kindly hosted by the Dominican Civil Aviation Institute (IDAC).

Air Navigation Service Providers of States and Territories of the Caribbean Region and representatives of invited international organizations are expected to attend. The working language of the training will be English, and no simultaneous interpretation will be provided.

The Provisional Programme of the event and a list of recommended hotels will be provided shortly.

.../2

Furthermore, I am pleased to inform that each Project RLA/09/801 Member<sup>1</sup> may apply for a fellowship under Project RLA/09/801 within the fellowship offer for the current year. In order to know how many fellowships are available for your Administration for this year, please contact Ms. Claudia López, Technical Cooperation Associate (clopez@icao.int). The fellowship includes Daily Subsistence Allowance (DSA) to cover lodging and per diem. Your Administration shall provide the candidate with the air ticket to/from Santo Domingo, Dominican Republic, and ensure that the candidate has the necessary travel documents, vaccinations, and visa prior to departure. The duly completed Fellowship Nomination Form must be received in this Regional Office by **7 May 2018**. The steps to apply for a fellowship, the nomination form and other useful information are published on the Project RLA/09/801 website at: <http://www.icao.int/NACC/Pages/edocs-tc.aspx>

Regarding the fellowship offered to the Eastern Caribbean States through ECCAA, please note that the candidate appointment decision should be made between your Administration and ECCAA. Once coordination has been completed, the nomination form of the candidate representing the Eastern Caribbean States **should be sent to this Regional Office by ECCAA**.

You are kindly requested to complete and return the Registration Form at the **Attachment** by e-mail for each participant by **18 May 2018**.

All event documentation/presentations will be placed in the Meetings Section of the following web page: <http://www.icao.int/NACC/Pages/default.aspx> as it becomes available. Taking into consideration the availability of the documentation in electronic format, no hard copies will be distributed during the event.

If you require any further information regarding the event, please contact Mr. Eddian Méndez, Regional Officer, Air Traffic Management and Search and Rescue (emendez@icao.int), or Mrs. Sybil Gómez, Assistant, (sgomez@icao.int).

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

A digital signature in black ink is overlaid on a blue circular seal. The seal contains the text 'Firma Digital' on the left and 'Digital Signature' on the right. The signature is written in a cursive style.

Melvin Cintron  
for  
Regional Director  
North American, Central American and  
Caribbean (NACC) Regional Office

**Enclosure:**  
*Registration Form*

N:\N - ICAO Regions\N 1 - 2.8 - ATFM\1806-2aInstruccionBasicaATFM\NACC72519ATM-States-Invitation2ndATFMBasicTraining.docx / SGA

---

<sup>1</sup> *RLA/09/801 Project Member States* are: Bahamas, Barbados, Canada, Cuba, Curaçao, Dominican Republic, Haiti, Jamaica, Mexico, OECS States through ECCAA (Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines), Trinidad and Tobago and Central American States through COCESNA (Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua).

ICAO



OACI

North American, Central American and Caribbean Office (NACC)  
Oficina para Norteamérica, Centroamérica y Caribe (NACC)

**Second Air traffic Flow Management (ATFM) Basic Training**  
**Segunda Instrucción Básica sobre la Gestión de Afluencia del Tránsito Aéreo (ATFM)**  
**(ATFM2)**

Santo Domingo, Dominican Republic, 5 – 8 June 2018 / Santo Domingo, República Dominicana, 5 – 8 de junio de 2018

**REGISTRATION FORM / FORMULARIO DE REGISTRO**

1.	Position in your Delegation: <i>(Please select one option)</i>	Chief Delegate / Jefe de la Delegación		Delegate / Delegado	
	Posición dentro de su Delegación: <i>(Por favor seleccione una opción)</i>	Adviser / Asesor		Observer / Observador	
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)