**Attachment C**

 **Workshop on the Interconnection of Surveillance Systems**

**(Dakar, 14 – 16 April 2014)**

**REGISTRATION FORM**

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| --- |
| * Please fill and forward the form in the same (MS Word) format. Do not fax, scan or change format to PDF.
* Insert information in the grey empty boxes
* Where appropriate, click to make the appropriate selection
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| --- | --- | --- |
| 1. Surname
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| 1. Given Name (s)
 |  |
| 1. Job Title
 |  |
| 1. State/Organization
 |  |
| 1. Mailing Address
 |  |
| 1. Telephone
 |  |
| 1. Fax
 |  |
| 1. E-mail address
 |  |
| 1. Hotel
 |  |

**Note: Participants are expected to make their own hotel/visa arrangements. Hotel information is provided in the information bulletin.**

**Please complete and return this form to:** The Regional Director

ICAO WACAF Regional Office, Dakar, Senegal

Email: icaowacaf@icao.int

Copy to: FMaiga@icao.int