**Attachment B: Registration Form**

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*International Civil Aviation Organization*

**UPSET PREVENTION AND RECOVERY TRAINING (UPRT) WORKSHOP**

**(Toulouse, France, 8 - 9 September, 2016)**

**REGISTRATION FORM**

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| * Please fill and forward the form in the same (MS Word) format to **icaowacaf@icao.int** or Mr. Kebba Lamin Jammeh at **kjammeh@icao.int**. Do not fax, scan or change format to PDF. * Insert information in the grey empty boxes * Where appropriate, click to make the appropriate selection | | | |
| 1. Surname |  | |  | |
| 1. Given Name (s) | |  | | |
| 1. Job Title | |  | | |
| 1. State/Organization | |  | | |
| 1. Mailing Address | |  | | |
| 1. Telephone | |  | | |
| 1. Fax | |  | | |
| 1. E-mail address | |  | | |
| 1. Do you intend to participate in the simulator demonstration session**?** | | YES/NO  If **YES**, please attach a scanned copy of your passport | | |