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**ELEVENTH MEETING OF THE AERODROME OPERATIONS PLANNING SUB-GROUP**

**(AOP/SG/11) (SENEGAL, DAKAR, 3 – 7 August 2015)**

**ATTENDANCE NOTIFICATION AND 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 |  | |  |
| 1. Given Name (s) | |  | |
| 1. Job Title | |  | |
| 1. State/Organization | |  | |
| 1. Mailing Address | |  | |
| 1. Telephone | |  | |
| 1. Fax | |  | |
| 1. E-mail address | |  | |
| 1. Hotel | |  | |

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