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| **Integrated Single Aeronautical Information Management (AIM) - Quality Management System (QMS) and Flight Planning Issues & Plans for AIM Transition Meeting/Workshop** |
| **(QMS, FPL, AIM Transition Workshop)** |
| St. John´s, Antigua and Barbuda, 14 to 18 March 2016 |
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**ATTACHMENT B**

**REGISTRATION FORM**

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| **1.** | **Position in your Delegation:***(Please select one option)* | **Chief Delegate**  |  | **Delegate**  |  |
| **Adviser**  |  | **Observer**  |  |
| **2.** | **Country / Organization** |  |
| **3.** | **Salutation**  | **Mr.** |  | **Mrs.** |  | **Miss** |  |
| **4.** | **Name**  |  |
| **5.** | **Official Position or Title**  |  |
| **6.** | **Official Telephone**  |  |
| **7.** | **Mobile (to contact you in case of an emergency)** |  |
| **8.** | **Official E-mail**  |  |
| **9.** | **Hotel and address where you will be staying during the event**  |  |
| **10.** | **Please indicate if accompanied by your family** | Yes |  | # |  |
| **11.** | **Dates of total stay in the venue Country**  |  |
| **12.** | **Please indicate if you have any medical condition or allergies**  |  |
| **13.** | **Emergency contact information in your country of origin** | **Name** |  |
| **Relationship** |  |
| **Telephone**  |  |

*Please send this form to:*

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