**INTERNATIONAL CIVIL AVIATION ORGANIZATION**

**ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL**

**South American Regional Office / Oficina Regional Sudamericana**

**Meeting of Air Navigation and Flight Safety Directors of the SAM Region**

**Reunión de Directores de Navegación Aérea y Seguridad Operacional de la Región SAM**

(Lima, Peru, 21 to 22 October 2013) / (Lima, Perú, 21 al 22 de octubre de 2013)

**FORMULARIO DE REGISTRO / REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Estado/*State:*  Territorio/Territory*:* | | | | | | |  | | | | | | | | | | | | | | | |
| 2. Nombre/  *Name:* | | | | | | |  | | | | | | | | | | | | | | | |
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| 3. Cargo/*Position*: | | |  | | | | | | | | | | | | | | | | | | | |
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| 4. Participa como / *Participates as:* | | | | | | | | | | | | | | | | | | | | | | |
| Delegado/  *Delegate* | | | |  |  | |  | | Ponente/*Lecturer* |  | |  | | |  | | Alumno/  *Student* | |  | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| 5. Dirección oficial */*  *Business address:* | | | |  | | | | | | | | | | | | | | | | | | |
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| 6. Tel.: | |  | | | | |  | |  | | | E-mail: | | | | | | |  | | | |
| 7. Hotel o dirección en la ciudad/  *Hotel or local address:* | | | | | | |  | | | | | | | | | | | | | | | |
| 8. Información de vuelo/  *Flight information:* | | | | | | | Vuelo de llegada/ fecha/ hora/  *Arrival flight/ date/ hour:* | | | | | | | | | |  | | | | | |
| Vuelo de salida/ fecha/ hora/  *Departure flight/ date/ hour:* | | | | | | | | | |  | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | |  | |
| Firma / *Signature:* | | | | |  | | | | | | | | | Fecha / *Date:* | | | | | | |  | |

**Por favor envíe este formulario a: */ Please return this form to: icaosam@icao.int***