APÉNDICE A /APPENDIX A



Thirty Fifth Pan America — Regional Aviation Safety Team Meeting (PA-RAST/35)

Miami, United States – 20 to 21 January 2019

REGISTRATION FORM

1.	Position in your Delegation: (Please select one option)	Chief Delegate				Delegate				
		Adviser				Observer				
2.	Country / Organization									
3.	Salutation		Mr.		N	⁄Irs.		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 condital allergies	tion or								
13.	Emergency contact information in your country of origin		Name							
			Relations	hip						
			Telephon	ne						

Please send this form to: E-mail: icaosam@icao.int

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