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When replying please quote:

Ref.: NT-N1-8.3.13, NT-NS2-35 — **E.OSG - NACC69490**

28 September 2017



To: States, Territories and International Organizations

Subject: Rescheduling of the NAM/CAR/SAM Automatic Dependent Surveillance – Broadcast (ADS-B) Implementation Meeting/Workshop (ADS-B/IMP)
Lima, Peru, 13 to 16 November 2017

Action

Required:

- 1) Take note of the Meeting/Workshop venue and date changes.
- 2) Register participation by **30 October 2017**.
- 3) Submit of fellowship nomination forms by **13 October 2017**.
- 4) Complete the States' surveillance infrastructure information table by **13 October 2017**.

Sir/Madam,

I make reference to my invitation NT-N1-8.3.13 — E.OSG - NACC67249 dated 27 June 2017. I wish to inform you that due to the earthquake of 19 September 2017 in Mexico City, Mexico, and in order to ensure participants' safety, the NAM/CAR/SAM Automatic Dependent Surveillance – Broadcast (ADS-B) Implementation Meeting/Workshop was postponed.

Coordination was made between ICAO NACC and SAM Regional Offices and the agreement is to reschedule the abovementioned Meeting/Workshop from 13 to 16 November 2017 and to convene it in Lima, Peru.

No changes have been made to the objectives and Agenda (**Attachment A**) of the Meeting/Workshop. States are encouraged to confirm the assistance of the previously registered participants by submitting the registration form in **Attachment B** by **30 October 2017**.

The States that have not yet done so are urged to complete the information of their States' surveillance infrastructure in **Attachment C**, which will be the basis for the Meeting/Workshop activities, and send it to this Regional Office by **13 October 2017**.

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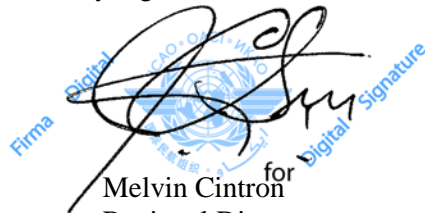
The working languages of the meeting will be English and Spanish, and simultaneous interpretation will be provided if sufficient participants of both languages provide timely registration.

Furthermore, States that have requested a fellowship and whose funds have been delivered through their State's UNDP Office, are urged to follow the instructions that will be sent individually in a separate letter. If your Administration has not applied yet for a fellowship, I kindly request that you follow the instructions in my letter Ref. E.OSG - NACC67249 dated 27 June 2017 (attached for ease of reference), and please consider **13 October 2017** as the new deadline for the submission of the fellowships nomination forms.

The general information of the ICAO SAM Regional Office is available at: <https://www.icao.int/SAM/Pages/GeneralInformation.aspx> and the list of suggested hotels at: <https://www.icao.int/SAM/Pages/Hotels.aspx>. Participants are encouraged to make reservations directly with the hotel(s) in a timely manner.

If you require any further information regarding the event, please contact Mrs. Mayda Ávila, ICAO NACC Regional Officer, Communications, Navigation and Surveillance (mavila@icao.int), or Sybil Gomez, Assistant, (sgomez@icao.int).

Accept, Sir/Madam, the assurances of my highest consideration.

A digital signature in blue ink, featuring a stylized cursive script. The signature is overlaid on a circular blue stamp that contains the ICAO logo and the text "Firma Digital" on the left and "Digital Signature" on the right.

for
Melvin Cintron
Regional Director
North American, Central American and
Caribbean (NACC) Regional Office

Enclosure:

A – Provisional Agenda

B – Registration Form

C – Surveillance Infrastructure Table

D—State Letter E.OSG - NACC67249

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ATTACHMENT A

**NAM/CAR/SAM AUTOMATIC DEPENDENT SURVEILLANCE – BROADCAST (ADS-B)
IMPLEMENTATION MEETING/WORKSHOP
(Lima, Peru, 13 to 16 November 2017)**

PROVISIONAL AGENDA

Monday, 13 November 2017

- Agenda Item 1: Review and Approval of Provisional Agenda and Schedule**
- Agenda Item 2: 2.1 ICAO Standards, Documentation, and Global and Regional Plans for ADS-B Implementation**
- 2.2 Review of ADS-B Regional Operational Concept (CONOPS)**
- Agenda Item 3: Status of ADS-B On-Board Avionics and Future Development and Experience in the ADS-B Systems Use in the Region**

Tuesday, 14 November 2017

- Agenda Item 4: Status of the Aircraft Fleet in the Region, Processing Systems and ADS-B Data Integration**
- Agenda Item 5: Review and Update on ADS-B Activities by the NAM/CAR/SAM Regions States**

Wednesday, 15 November 2017

- Agenda Item 6: Review of Regional and Interregional Programmes to Share Surveillance Data**
- Agenda Item 7: Regional Work Plan Integration**
- Agenda Item 8: Other Business**

Thursday, 16 November 2017

- Agenda Item 9: 9.1 Regional Plan Presentation**
- 9.2 Agreements, Conclusions and Recommendations**

ATTACHMENT/ADJUNTO B



**NAM/CAR/SAM Automatic Dependent Surveillance – Broadcast (ADS-B) Implementation Meeting/Workshop
Reunión/Taller NAM/CAR/SAM de Implementación de la Vigilancia Dependiente Automática – Radiodifusión (ADS-B)
(ADS-B/IMP)**

Lima, Peru, 13 – 16 November 2017 / Lima, Perú, 13 al 16 de noviembre del 2017

REGISTRATION FORM / FORMULARIO DE REGISTRO

1.	Position in your Delegation: <i>(Please select one option)</i>	Chief Delegate / Jefe de la Delegación		Delegate / Delegado	
	Posición dentro de su Delegación: <i>(Por favor seleccione una opción)</i>	Adviser / Asesor		Observer / Observador	
				Moderator / Moderador	
2.	Country / Organization País / Organización				
3.	Salutation / Encabezamiento	Mr. / Sr.		Mrs. / Sra.	Miss / Srta.
4.	Name / Nombre				
5.	Official Position or Title / Cargo o Título Oficial				
6.	Official Telephone / Teléfono oficial				
7.	Mobile (to contact you in case of an emergency) Celular (para contactarle en caso de emergencia)				
8.	Official E-mail / Correo-e oficial				
9.	Hotel and address where you will be staying during the event / Hotel y dirección donde se estará hospedando durante el evento				
10.	Please indicate if accompanied by your family Por favor indique si lo acompaña su familia	Yes / Sí		#	
11.	Dates of total stay in the venue Country Fechas de estancia total en el País del evento				
12.	Please indicate if you have any medical condition or allergies / Por favor indique si usted tiene alguna condición médica o alergias				
13.	Emergency contact information in your country of origin / Información de contacto para emergencias en su país de origen	Name Nombre			
		Relationship Relación			
		Telephone Teléfono			

Please send this form to: / Por favor envíe este formulario a:

E-mail: icaonacc@icao.int; icaosam@icao.int

