

**THIRD MEETING OF THE REGIONAL AVIATION SAFETY GROUP**

**FOR AFRICA-INDIAN OCEAN (RASG-AFI/3)**

**(Yamoussoukro, Cote d’Ivoire, 3 - 4 December, 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 | |  | |
| 1. Signature | |  | |

***Note****: As indicated in the information bulletin,* ***participants are expected to make their own hotel reservations and arrangements to obtain their visas****. Hotel information is provided in the Information Bulletin.*

**Please complete and return to the following address:** The Regional Director

ICAO WACAF Regional Office

Email: [icaowacaf@icao.int](mailto:icaowacaf@icao.int)

Fax: +221 33 820 3259

The Regional Director

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