

REGISTRATION FORM

**ACI - DNA Assistance Program
"Air Service Development"
Atlanta, USA | 8-10 May 2013**

Please fill in **one registration form per participant** and return it by **1 April 2013** by mail to: DNA@aci.aero or by fax (+1 514 373 1201). **Warning: both pages** of the registration form must be signed by the applicant **and countersigned by the airport's Director** so as to be processed. Participants are required to pay only for their plane tickets, for their visa if necessary, and sickness and accident insurance.

PERSONAL DETAILS

Mr. / Ms / First name: Last name:

Business title:

Airport: Country:

Direct tel.: Direct fax:

Email:

Language: **English**: yes / no

TRAVEL

Arrival in ATL: date: time: flight:

Departure from ATL: date: time: flight:

VISA

I don't need a visa

I need a visa and I submitted my application to:

Place and date :	APPROVED by (name of Director) :
<u>Applicant's signature :</u>	<u>Director's signature:</u>

REGISTRATION FORM (continued)

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ADDITIONAL INFORMATION

Use additional blank sheets if necessary

Applicant’s education and previous professional experiences:

.....

Applicant’s current tasks and responsibilities:

.....

Applicant’s future career plan:

.....

Overall objectives to be reached through the applicant’s attendance to the training seminar:

.....

Place and date :	APPROVED by (name of Director) :
<u>Applicant’s signature :</u>	<u>Director’s signature:</u>