REGISTRATION FORM

ACI - DNA Assistance Programme
"Aerodrome Certification for Airports in Africa"
Dakar, Senegal | 20-22 November 2013

Please fill in **one registration form per participant** and return it by **30 September 2013** by email 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 for their plane tickets, hotel accommodation, 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 ☐ **French**: yes ☐ / no ☐

TRAVEL

Arrival in Dakar: date: ……time: …… flight: …….

Departure from Dakar: 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) : ……
Applicant's signature :	**Director's signature:**

ACI-DNA Assistance Programme | P.O.Box 302, 800 Rue du Square Victoria, Montreal, Quebec H4Z 1G8 Canada | Tel: + 1 514 373 1200 | Fax: + 1 514 373 1201 | Email: dna@aci.aero
AFCAC-CAFAC African Civil Aviation Commission-Commission Africaine de l'Aviation Civile | Aéroport International Léopold Sédar Senghor (Opposite the Mosque at the Airport) | B.P. 8898 - Aéroport International LSS, Dakar-Yoff, Sénégal | Tel : (221) 33 859 88 00 | Fax : (221) 33 820 70 18 | Email: secretariat@afcac.org
ACI Africa |Académie Internationale Mohammed VI de l'Aviation Civil, Nouasseur, Casablanca, Royaume du Maroc | Email: aci-africa@aci-africa.aero

REGISTRATION FORM (continued)

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ADDITIONAL INFORMATION

Use additional blank sheets if necessary

Applicant's education and previous professional experiences:

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Applicant's current tasks and responsibilities:

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Applicant's future career plan:

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

……..

……..

……..

……..

Place and date : ……	APPROVED by (name of Director) : ……
Applicant's signature :	**Director's signature:**