ID

CAPACITY BUILDING SUB-COMMITTEE

PROCEDURE 8

Part 2

**SUBMISSION FORM**



|  |  |
| --- | --- |
| Project number: |  |
| Project name: |  |

**CB Procedure 8 - Registration form**

|  |  |
| --- | --- |
| Status (Instructor/Trainee): |   |
| First name: |   |
| Family name: |   |
| Country: |   |
| Agency: |   |
| Role in the agency: |   |
| Email: |   |
| Telephone: |   |
| Fax: |   |
| Passport number: |   |
| Nationality: |   |
| **Information below to be provided in case the IHO arranges the flights** |
| Airport of departure: |   |
| Departure date: |   |
| Return date: |   |
| Suggested flights-departure: |   |
| Suggested flights-return: |   |
| Observations: |   |