

REGISTRATION FORM

"Airport Security Workshop"
Cape Town, South Africa, February 20 - 22, 2012

Please fill in **one registration form per participant** and return it by **the January 27, 2012** by mail to: acifund@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:

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Business position:

Airport: Country:

Direct tel: Direct fax:

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Email:

Language: **English:** yes / no

TRAVEL

Arrival in CPT: date: time: flight:

Departure from CPT: 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:

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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:

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