|  |  |  |
| --- | --- | --- |
| Description: LGO_0UIT | **Annex 3**  **РЕГИОНАЛЬНЫЙ** **СЕМИНАР «ПЕРСПЕКТИВЫ ИСПОЛЬЗОВАНИЯ KA-ДИАПАЗОНА ЧАСТОТ СПУТНИКОВЫМИ СИСТЕМАМИ РАДИОСВЯЗИ»**  **REGIONAL SEMINAR ON PROSPECTS FOR USE OF THE KA-BAND BY SATELLITE COMMUNICATION SYSTEMS**  (Алматы, Республика Казахстан, 5-7 сентября 2012)  **(Almaty, Republic of Kazakhstan, 5 – 7 September 2012)** | Description: LGO_0ITU |
| **Registration Form/Регистрационная форма** | | |

*(ЗАГЛАВНЫЕ БУКВЫ/CAPITAL LETTERS)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.**Mr. Mrs. Miss  . | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (family name)/(фамилия) | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (first name/ИМЯ) |
| **2.** Accompanied by (Family Member)  Сопровождающее лицо | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **3.** Country  Страна | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

1. Representation/Представитель

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the Administration and/or Organization  Название Администрации или организации | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **5.** Official address  Адрес | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| TEL/ТЛФ: | | | FAX/ФАКС: | E-MAIL: | |

**6.** HOTEL RESERVATION/РЕЗЕРВАЦИЯ ГОСТИНИЦЫ

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Single room |  | Double room |  | Lux one room |  | Lux two rooms |  |
| Одноместный номер | Двухместный номер | Однокомнатный люкс | Двухкомнатный люкс |

|  |  |
| --- | --- |
| Aeroport transfer required | YES/NO  ДА/НЕТ |
| Требуется доставка из аэропорта |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **7.** Date of Arrival |  | FLIGHT NO. |  | TIME OF ARRIVAL |  | FLIGHT NO. |  |
| Время прилета | № рейса | Время вылета | № рейса |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/Дата: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature/Подпись: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | |

To be returned duly completed to (one form per participant) before 24 August 2012 to:

Форма должна быть заполнена полностью(одна форма на каждого участника) и отправлена до 24 августа 2012:

|  |  |
| --- | --- |
| Умитжан Арыкбекова  Букеева Гульнара Сембековна | Umitzhan Arykbekova  Gulnara Bukeeva |
| Факс/Fax + 7 717 2 74 10 58,  Тлф/Tel. + 7 717 2 74 03 55,  7 717 2 74 01 43  [u.sh.arykbekova@mtc.gov.kz](mailto:u.sh.arykbekova@mtc.gov.kz)  [g.s.bukeeva@mtc.gov.kz](mailto:g.s.bukeeva@mtc.gov.kz) | |