|  |  |  |
| --- | --- | --- |
| 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.** CountryСтрана | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Representation/Представитель

|  |  |
| --- | --- |
| Name of the Administration and/or OrganizationНазвание 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/NOДА/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 ArykbekovaGulnara Bukeeva |
| Факс/Fax + 7 717 2 74 10 58,Тлф/Tel. + 7 717 2 74 03 55,7 717 2 74 01 43u.sh.arykbekova@mtc.gov.kzg.s.bukeeva@mtc.gov.kz |