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| itu_logo | **International telecommunication union****Telecommunication Standardization Bureau** |  |
|  | Geneva, 8 February 2017 |
| Ref: | **Addendum 2 toTSB Collective letter 1/SG3RG-LAC** | - To the members of the Study Group 3 Regional Group for Latin America and the Caribbean (SG3RG-LAC); - To the ITU Area Office, Bridgetown, Barbados;- To the ITU Regional Office, Brasilia, Brazil |
| Tel: | +41 22 730 5884 |
| Fax: | +41 22 730 5853 |
| E-mail: | tsbsg3@itu.int |  |
| Subject: | **Fellowship deadline extension for ITU-T Study Group 3 Regional Group for Latin America and the Caribbean (SG3RG-LAC) meeting, Port of Spain, Trinidad and Tobago, 6-10 March 2017**  |

Dear Sir/Madam,

Please be informed that the fellowship deadline for the ITU-T Study Group 3 Regional Group for Latin America and the Caribbean (SG3RG-LAC) has been extended to **9 February 2017**.

Please refer to the updated fellowship form for SG3RG-LAC meeting, in Annex 1.

I wish you a productive and enjoyable meeting.

Yours faithfully,

Chaesub Lee
Director of the Telecommunication
Standardization Bureau

**Annex:** 1

**Annex 1 - FELLOWSHIP REQUEST**

(to Addendum 2 to TSB Collective letter 1/SG3RG-LAC)

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|  | **ITU-T Study Group 3 RG-LAC meeting** andAssociated **Regional Standardization Forum** **Port of Spain, Trinidad and Tobago, 6-10 March 2017** |  |
| **Please return to:** | **ITU** **Geneva (Switzerland)** | **E-mail:** **fellowships@itu.int****Tel: +41 22 730 5227****Fax: +41 22 730 5778** |
| **Request for one partial fellowship to be submitted before 9 February 2017** |
|  | Participation of women is encouraged |  |
| Registration Confirmation ID No: ……………………………………………………………………………(Note: It is imperative for fellowship holders to pre-register via the online registration form at: <http://www.itu.int/en/ITU-T/studygroups/2017-2020/03/sg3rglac/Pages/default.aspx>)Country**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of the Administration or Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mr / Ms **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (family name) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (given name)Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tel**.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** E-mail: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PASSPORT INFORMATION**:**Date of birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Passport number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of issue**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** In (place)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Valid until (date): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Please select your preference(which ITU will do its best to accommodate) |
|  **□ Economy class air ticket (duty station / Port of Spain / duty station)** **□ Daily subsistence allowance intended to cover accommodation, meals & misc. expenses** |
|  |
| **Signature of fellowship candidate:** | **Date:** |
| TO VALIDATE FELLOWSHIP REQUEST, NAME, TITLE AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP.N.B. IT IS IMPERATIVE THAT FELLOWS BE PRESENT FROM THE FIRST DAY TO THE END OF THE MEETING. |
| **Signature:** | **Date:** |