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| itu_logo | **Unión Internacional de Telecomunicaciones****Oficina de Normalización de las Telecomunicaciones** |  |

 Ginebra, 8 de febrero de 2017

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| Ref.: | **Addéndum 2 a la****Carta Colectiva TSB 1/SG3RG-LAC** |  |
| Tel.: | +41 22 730 5884 | A: |
| Fax:Correo-e: | +41 22 730 5853tsbsg3@itu.int | * – los miembros del Grupo Regional de la Comisión de Estudio 3 para América Latina y el Caribe (GRCE3-LAC);
* – la Oficina de Zona de la UIT, Bridgetown (Barbados);
* – la Oficina Regional de la UIT, Brasilia (Brasil)
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| Asunto: | **Ampliación del plazo de solicitud de becas para la Reunión del Grupo Regional de la Comisión de Estudio 3 del UIT-T para América Latina y el Caribe (GRCE3-LAC), Puerto España (Trinidad y Tabago), 6-10 de marzo de 2017** |

Muy Señora mía/Muy Señor mío,

Me complace informarle que el plazo de solicitud de becas para la Reunión del Grupo Regional de la Comisión de Estudio 3 del UIT-T para América Latina y el Caribe (GRCE3-LAC) ha sido ampliado hasta el **9 de febrero de 2017**.

Le ruego se remita al formulario de solicitud de becas actualizado que figura en el Anexo 1.

Le deseo una reunión agradable y productiva.

Atentamente,

Chaesub Lee
Director de la Oficina de Normalización
de las Telecomunicaciones

**Anexos**: 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:** |

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