



ANNEX 2

**Caribbean Seminar for Training of the Trainers in Spectrum
Management System for Developing Countries (SMS4DC)**
St John's, Antigua and Barbuda, 27 November – 1 December 2006

Registration Form

(CAPITAL LETTERS)

1. Mrs. / Mr.	_____	_____
	(family name)	(first name)
2. Accompanied by (Family Member)	_____	
3. Country	_____	

4. Representation

Name of the Administration and/or Organisation _____

5. Official address _____		
TEL: _____	FAX: _____	E-MAIL: _____

6. Arrival – Departure

7. Date of arrival	TIME OF ARRIVAL	FLIGHT
_____	_____	_____
Date of Departure	TIME OF DEPARTURE	FLIGHT
_____	_____	_____

To be returned duly completed (one form per participant)

Please send this form, no later than 17 November 2006, directly to:

Mr. Philip CROSS, ITU Regional Office Bridgetown, Barbados
tel.: +1-246 431 03 43, fax no: +1-246 437 74 03
e-mail: philip.cross@itu.int