

Visitor – Registration Form	
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To be returned to Ms. Rita Fabiani rita.fabiani@asi.it not later than **24 October, 2014**.

The following person is proposed to participate to the meeting

__SAR Coordination Working Group_____

in the framework of __ Polar Space Task Group _____

scheduled in the following period: from __5_ to _6, November 2014__.

Visit will take place at ASI premises _Via del Politecnico, Rome, Italy__

Nr.	Surname and name	Date of birth	Place of Birth	Nationality
1				
Nr. Passport or Identity Card and date of issue		Agency, Governmental Body of company		

_____,
(Date)

(Signature)