



COURSE REGISTRATION FORM

Name

Business Phone

Position

Home Phone

Company

Fax

Mailing Address

Cell or Pager

eMail

Web Site

Alternate Contact

Phone / eMail

Name of Student(s)

Position

Pilot Licence #

Phone / eMail

Course Requested

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> ACP Initial | <input type="checkbox"/> ACP Academic | <input type="checkbox"/> ACP Refresher | <input type="checkbox"/> IFR Rules & Proc |
| <input type="checkbox"/> Command (2005) | <input type="checkbox"/> AQP Evaluator | <input type="checkbox"/> Int'l Procedures | <input type="checkbox"/> ACP Monitoring |
| <input type="checkbox"/> CRM (2005) | <input type="checkbox"/> Automation (2005) | | |

Preferred Date

Alternate Date

Deposit equals 25% (No GST) of course total for each student attending.
Balance of course fee is payable on the 1st day of the course.

Deposit CDN \$

Comments / Special Requests (if applicable)

Note: Please fill in and print one form for each course requested.
Mail forms and deposit to:

6355 Deermeadow Drive
Ottawa (Greely), ON
Canada
K4P 1M9

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Fax 613 / 821 6221
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