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Tel: 604 551 9707 or 603 PHNX (7469)

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ACP Course Registration Form – Email or Fax Back To: 604 946 7473

Sender Name: _____ Date: _____

Course Date: Feb 2015 Apr 2015 Sep 2015 Nov 2015

Please register the following pilot(s): _____ (indicate course type)

Full Name (as shown on license)	License Number	Initial / Recurrent VFR Only

Accounts Payable Contact Name: _____

Address: _____

Tel and Fax Number: _____

Email Address: _____

Purchase Order# (if used): _____

Location and Hotel Accommodation: [Hilton Vancouver Airport](#)

Room Booking Links: [Feb 2015](#) [Apr 2015](#) [Sep 2015](#) [Nov 2015](#)

Or call 1 800 445 8667 or 604 233 3990 - Group Name: **Phoenix Aviation**

Group Codes: **Feb 2015 - PHXFEB / Apr 2015 - PHXAPR**

Sep 2015 - PHXSEP / Nov 2015 - PHXNOV

Authorizing Officer (Operations Manager or designate)

Name: _____

Tel #: _____

Email Address: _____

Signature: _____

Email or Fax Back To: 604 946 7473 (course package will be sent via email)

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