Tel: 604 551 9707 or 604 603 PHNX (7469) Fax: 604 946 7473 john@phoenixaviation.ca www.phoenixaviation.ca

| Course Date: Feb 2017 Apr 2017 Sep 2017 Nov 2017  Please register the following pilot(s): (indicate course type)  Full Name (as shown on license) License Number Initial / Recurrent VFR Only  Submit Invoice to: Title:  Eddress: Fax: Felephone: Fax: Fax: Tel: Fax: Feb 2017 Fayable contact Name: Tel: Fax: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Tel: Fax: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Tel: Fax: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Tel: Fax: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Tel: Fax: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Tel: Fax: Feb 2017 Fayable contact Name: Tel: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Feb 2017 Fayable contact Name: Tel: Feb 2017 Fayable contact Name:  | ACP Course                                       | Registration Forn                        | n 2017 – Email    | or Fax Bacl | K To: 604 946 7473     |
|--|--|--|-------------------|-------------|------------------------|
| Please register the following pilot(s):  Full Name (as shown on license)  License Number  License Number  Initial / Recurrent VFR Only  Submit Invoice to:  Title:  Address:  Felephone:  Fax:  Felephone:  Fax:  Cocounts Payable contact Name:  Tel:  Cocounts Payable Contact N | Sender Name: _                                   | Date:                                    |                   |             |                        |
| Full Name (as shown on license)  License Number  Initial / Recurrent VFR Only  Submit Invoice to:  | Course Date:                                     | Feb 2017                                 | Apr 2017          | Sep 20      | 17 Nov 2017            |
| Submit Invoice to:   | Please register the                              | following pilot(s):                      |                   |             | (indicate course type) |
| Telephone:   | Full Name (as shown on license)                  |  | Licens            | se Number   |                        |
| Telephone:   |  |  |                   |             |                        |
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| Telephone:   |  |  |                   |             |                        |
| Telephone:   | Submit Invoice to                                | :  | •                 | Title:      |                        |
| Telephone:   | Address:   |  |                   |             |                        |
| Purchase Order# (if used):    Cocation and Accommodations:   Hilton Vancouver Airport   Vancouver Airport Marriott   Vancouver Airport Ma | Telephone:                                       |  | Fax:              |             |                        |
| Purchase Order# (if used):   | Email Address:                                   |  |                   |             |                        |
| Authorizing Officer (Operations Manager or designate)  Manager or designate)  Marriott: Marriott Sep 2017   Marriott: Marriott Sep 2017   Marriott: Marriott Sep 2017   Marriott: Marriott | Accounts Payable                                 | contact Name:                            |                   | Tel:        |                        |
| Room Booking Links: Feb 2017   Apr 2017   Sep 2017   Nov 2017  Or Call Hilton: 800 445 8667 or 604 233 3990   Marriott: 800 228-9290 or 604 276-2112  Group Name: Phoenix Aviation Group Codes: (Hilton) Feb 2017 – PHX219   Apr 2017 – PHX402 (Marriott) Sep 2017 – TBA   Nov 2017 – TBA  Authorizing Officer (Operations Manager or designate)  Name: Title:  Felephone: Fax:  | Purchase Order# (                                | if used):                                |                   |             |                        |
| Or Call Hilton: 800 445 8667 or 604 233 3990   Marriott: 800 228-9290 or 604 276-2112 Group Name: Phoenix Aviation Group Codes: (Hilton)   |  |  |                   |             |                        |
| lame: Title: Telephone: Fax: Email Address:  | Group Name: <b>Phoer</b><br>Group Codes: (Hiltor | nix Aviation<br>n)         Feb 2017 – Ph | HX219  │ Apr 2017 | ′ – PHX402  | 04 276-2112            |
| Felephone:Fax:Fax:   | Authorizing Office                               | er (Operations Mana                      | iger or designat  | te)         |                        |
| Email Address:   | Name:  |  |                   | Title:      |                        |
|  | Telephone:                                       |  | Fax:              |             |                        |
| Signature:   | Email Address:                                   |  |                   |             |                        |
|  | Signature:                                       |  |                   |             |                        |

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

john@phoenixaviation.ca

