

ACP Course Registration Form 2017 – Email or Fax Back To: 604 946 7473

Sender Name: _____ **Date:** _____

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:** _____

Address: _____

Telephone: _____ **Fax:** _____

Email Address: _____

Accounts Payable contact Name: _____ **Tel:** _____

Purchase Order# (if used): _____

Location and Accommodations: [Hilton Vancouver Airport](#) | [Vancouver Airport Marriott](#)

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:** _____

Telephone: _____ **Fax:** _____

Email Address: _____

Signature: _____

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

 john@phoenixaviation.ca  www.phoenixaviation.ca

 **604 551 9707 or 604 603 7469**  **604 946 7473**

 **1251 Pacific Drive, Delta, BC Canada V4M 2K2**