

ACP Course Registration Form 2019 – Email or Fax Back To: 604 946 7473
Sender Name: _____ **Date:** _____

Course Date: Feb 2019 Apr 2019 Sep 2019 Nov 2019

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:
Feb / Apr: [Hilton Vancouver Airport](#) | **Sep / Nov:** [Vancouver Airport Marriott](#)
Room Booking Links: Feb 2019 TBA | Apr 2019 TBA | Sep 2019 TBA | Nov 2019 TBA

Group Name: **Phoenix Aviation**
Group Codes: Feb 2019: TBA | Apr 2018: TBA | Sep 2018: TBA | Nov 2018: 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**