



# PHOENIX AVIATION

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**ACP Course Registration Form 2020 – [Email](#) or Fax Back To: 604 946 7473**

Sender Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course Date:  Feb 2020  Apr 2020  Sep 2020  Nov 2020

**Registration Information**

Full Name of ACP (as shown on license)	License Number	Initial or Recurrent

Submit Invoice to: \_\_\_\_\_ Title: \_\_\_\_\_

Sender Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ A/P Tel: \_\_\_\_\_

A/P Email: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

Purchase Order# (if used): \_\_\_\_\_

**Location:** [Hilton Vancouver Airport](#)

Group Room Rate Links: [Feb 2020](#) | [Apr 2020](#) | [Sep 2020](#) | [Nov 2020](#)

**Authorizing Officer (Operations Manager or designate)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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

<mailto:john@phoenixaviation.ca> <http://www.phoenixaviation.ca>

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