



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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