



PHOENIX AVIATION

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_____	2023
_____	X _____
Admin Use Only	

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

Sender Name: _____ Date: _____

Course Date: Feb 2023 Apr 2023 Sep 2023 Nov 2023

Registration Information Course Book (Check One) eBook Paper Binder

Full Name (as shown on license)	License Number (incl. AA/AH etc)	Initial	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 2023](#) | [Apr 2023](#) | [Sep 2023](#) | [Nov 2023](#)

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)

phxacp@gmail.com

<http://www.phoenixaviation.ca>

604 551 9707

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