

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: [Vancouver Airport Marriott](#)

Room Booking Links: Sep 2017 | Nov 2017

Or Call **Marriott:** 800 228-9290 or 604 276-2112

Group Name: **Phoenix Aviation**

Group Codes: (Marriott) [Sep 2017 Link](#) | [Nov 2017 Link](#)

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)