



_____	2023
_____	X _____
Admin Use Only	

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

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

Course Date:        **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: | [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](mailto:phxacp@gmail.com)

<http://www.phoenixaviation.ca>

604 551 9707

604 946 7473

5016 Fenton Drive, Delta, BC Canada V4K 2H4