

ACP Course Registration Form 2018 – Email or Fax Back To: 604 946 7473

Sender Name: _____ **Date:** _____

Course Date: Feb 2018 Apr 2018 Sep 2018 Nov 2018

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:

Sep / Nov: [Vancouver Airport Sheraton](#)

Accommodation: [Vancouver Airport Marriott](#)

Room Booking Links: | [Nov 2017](#)

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)