



COURSE REGISTRATION FORM

Name:

Position:

Company:

Tel: Business:

Home:

Cell:

Fax:

Email:

Pilot License #:

Mailing Address:

Admin Contact:

Position:

Tel:

Email:

| Name of Student(s): | Telephone: | Email: | Pilot License #: |
|---------------------|------------|--------|------------------|
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|--------------------------|---|--|--|
| Course Requested: | ACP Initial <input type="checkbox"/> | ACP Recurrent <input type="checkbox"/> | |
| | ACP RW Recurrent <input type="checkbox"/> | TRE Initial <input type="checkbox"/> | |
| Preferred Date: | TRE Recurrent <input type="checkbox"/> | Aviation Manager <input type="checkbox"/> | |
| | TRI Core <input type="checkbox"/> | TRI Type <input type="checkbox"/> | |
| Alternate Date: | TRI Recurrent <input type="checkbox"/> | TRI Add-on <input type="checkbox"/> | |
| | Citation Initial <input type="checkbox"/> | Citation Recurrent <input type="checkbox"/> | |
| Today's Date: | IFR Refresher <input type="checkbox"/> | Aircraft Command <input type="checkbox"/> | |
| | CRM Initial <input type="checkbox"/> | CRM Recurrent <input type="checkbox"/> | |
| | MCC <input type="checkbox"/> | Automation <input type="checkbox"/> | |
| | ACD <input type="checkbox"/> | Jet Transition <input type="checkbox"/> | |
| Payment CAD | IFR Renewal <input type="checkbox"/> | MRM (HPIAM) <input type="checkbox"/> | |
| Payment Method | TEM <input type="checkbox"/> | ACP/TRE Monitoring <input type="checkbox"/> | |
| | SMS Audit <input type="checkbox"/> | CRM for Dispatchers <input type="checkbox"/> | |

Comments/Special Requests (if applicable):

Email or fax to: **Aerosolutions**
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Tel: **+1-613-821-4454**
Fax: **+1-613-821-6221**
Email: **aerosolutions@rogers.com**
Web: **www.aerosolutions.ca**

Note: Please fill in one form for each course requested. See website for payment requirements. Thank you.