



## COURSE REGISTRATION FORM

**Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Company:** \_\_\_\_\_

**Tel:** Bus. \_\_\_\_\_  
 Home \_\_\_\_\_  
 Cell \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Pager:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Pilot License #:** \_\_\_\_\_

**Mailing Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_  
**Tel/E-mail:** \_\_\_\_\_

Name of Student(s):	Telephone:	E-mail	Pilot License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Course Requested:</b>	ACP Initial <input type="checkbox"/>	ACP Refresher <input type="checkbox"/>	
	ACP Academic <input type="checkbox"/>	Aviation Manager <input type="checkbox"/>	
<b>Preferred Date:</b> _____	Citation Initial <input type="checkbox"/>	Citation Recurrent <input type="checkbox"/>	
	IFR Rules & Proc <input type="checkbox"/>	ACP Monitoring <input type="checkbox"/>	
	Command (2008) <input type="checkbox"/>	CRM <input type="checkbox"/>	
<b>Alternate Date:</b> _____	Decsion Making <input type="checkbox"/>	Error Management <input type="checkbox"/>	
	CRM Skills <input type="checkbox"/>	CRM for Schedulers <input type="checkbox"/>	

**Deposit Amount enclosed or mailed separately (50% of Course Fee, no GST):**  
**Balance payable on 1<sup>st</sup> day of the course** **CDN\$** \_\_\_\_\_

**Comments/Special Requests (if applicable):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mail to:** Aerosolutions  
 6355 Deermeadow Drive  
 Ottawa (Greely), ON K4P 1M9  
**Tel:** 613-821-4454  
**Fax:** 613-821-6221  
**E-mail:** [aerosolutions@rogers.com](mailto:aerosolutions@rogers.com)  
**Web:** [www.aerosolutions.ca](http://www.aerosolutions.ca)

Note: Please fill in one form for each course requested. Thank you.