

## ACP Course Registration Form

### Candidate Info

---

Name:

License #:

Company:

Position:

Contact Info:

Mailing Address:

Telephone:

E-Mail:

### Course Info

---

I HEREBY AUTHORIZE Air Georgian Ltd to bill the following:

Initial ACP

Recurrent ACP

### Payment Info

---

Make cheques or bank drafts payable to Air Georgian Ltd. Credit card payment information available on request. Please remit payment early to secure your seat.

*\*Please fill out the form, click the Save button and send the completed form to [tcrits@airgeorgian.ca](mailto:tcrits@airgeorgian.ca). Should you have any questions please contact Tim Crits at 416.997.2760*

**Save**