

CCAA VIRTUAL WORKSHOP Registration Form

VIRTUAL WORKSHOP DETAILS

COURSE NAME	Virtual Workshop Date	CCAA Partner			Others		
		QTY	PRICE	TOTAL	QTY	PRICE	TOTAL
Corrective Actions Plan (CAP)			\$520.00			\$650.00	
Quality Assurance Manager (QAM)			\$520.00			\$650.00	
Company Aviation Safety Officer (CASO)			\$520.00			\$650.00	

MAIN CONTACT & PARTICIPANT(S) INFORMATION

Main Contact Person: First Name/ Last Name			
Organization		CCAA Partnership Number	
Organization Address	City	Province	Postal Code
Phone	E-mail		
List of Participant(s): FIRST NAME / LAST NAME and EMAIL ADDRESS			

PAYMENT DETAILS

Credit Card		<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card Number		Expiry Date		
Name of Card Holder		Signature		
Billing Address: (If different from the previously stated address on page 1)				

PLEASE RETURN THE COMPLETED FORM TO:

Sohini Famili
 Manager, Skills Development & Partnerships
sfamili@avaerocouncil.ca
 Phone #: (613) 727 8272 x 232

