



Canadian Council for Aviation & Aerospace
WORKSHOP REGISTRATION FORM



CONTACT PERSON

| | |
|--|------------------------|
| First Name/ Last Name | |
| Organization / Job Title | |
| CCAA Partner <input type="checkbox"/> ATAC Member | CCAA Corporate Number: |
| Organization Address/City / Province / Postal Code | |
| Phone | Fax |
| E-mail | |

WORKSHOP AND PARTICIPANT DETAILS

| | | | | | | |
|--|-----------------------------------|-----------------------------|-------|--------|-----------------------------|-------|
| Workshop Name : Person Responsible for Maintenance Control Location : Fairmont Queen Elizabeth Hotel, 900 Rene Levesque Blvd. W, Montreal, QC , H3B 4A5 Workshop Date : November 20th 2013 | REGISTRATION COSTS | | | | | |
| | CCAA/ATAC Partners | | | Others | | |
| | QTY | PRICE (tax not included) | TOTAL | QTY | PRICE (tax not included) | TOTAL |
| | | \$520.00 | | | \$650.00 | |
| Participants Name | Participants email address | | | | | |
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METHOD OF PAYMENT

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| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard | Cheque (Only available for CCAA partners. Please make cheque payable to the Canadian Council for Aviation & Aerospace) |
| Credit Card Number: | Expiry Date: |
| Name of Card Holder: | Signature: |
| Billing Address (if different than above): | Invoice to: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION |

For more information, please contact:
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PLEASE EMAIL OR FAX COMPLETED FORM TO CCAA:

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