

INTRODUCTION TO AVIATION REGISTRATION FORM

AVIATION FACTS FOR AIR MEDICAL CREWS

DATES: **JANUARY 21, 2010** **1300 – 1700 hrs**

LOCATION: **Best Western Otonabee Inn** **84 Lansdowne St., Peterborough, Ontario**

Name: _____

Address: _____

City: _____ Postal Code:/ZIP _____ Country _____

Phone: _____ - _____ Email: _____

Company/Organization Name: _____

Position: _____

Cost of Program: \$ 395.00

Method of payment: **0 VISA 0 MC 0 Cheque (Enclose with Registration)**

Credit Card Information

Credit Card No. _____ Expiry date _____

Name on Card: _____

Signature _____

Cheques payable to: Angels of Flight Canada Inc.

Register by: **0 Fax 705 741-5147**
 0 Phone 705 743-5433 1 800 563-7686
 0 Mail: Angels of Flight Canada Inc.
 10 – 799 O’Brien Drive,
 Peterborough, ON Canada K9J 6X7

Check web site for updates at www.challengesofinflightssafety.com

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