

FLIGHT PHYSIOLOGY PROGRAM REGISTRATION FORM

DATE: JANUARY 15, 2010 0830 – 1630 hrs

Location: Best Western Otonabee Inn 84 Lansdowne St. East, Peterborough ON

Name: _____

Address: _____

City: _____ Postal Code:/ZIP _____ Country _____

Phone: _____ - _____ Email: _____

Company/Organization Name: _____

Position: _____

Cost of Program: \$395.00 (Cdn) Includes Course Materials

Method of payment: VISA MC 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: Fax 705 741-5147
 Phone 705 743-5433 1 800 563-7686
 Mail: Angels of Flight Canada Inc.
10 – 799 O'Brien Drive,
Peterborough, ON Canada K9J 6X7

Check web site for updates at www.challengesofinlightsafety.co

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