



REGISTRATION OF INTEREST

NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE: _____

FAX: _____

COMPANY: _____

LICENSE: _____

EXPERIENCE: _____

I wish to register my interest in attending an Australian Aerospace Eurocopter training course on the _____ helicopter. My preference is for a course commencing _____ or _____

My method of payment for the training will be _____

Signed: _____ Date: _____