



## 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: \_\_\_\_\_