

REGISTRATION FORM

First Name:		Mid: _		
Last Name:		Title:	Mr / Mrs / M	S
Organisation:				
Job Title:				
Address:				
City:	Postcode:	Coun	try:	
Phone:	Fax:			
Email:	Mob	ile:		
Name of course:				
Location:	Date of course:	Total Fee:		
Visa: □ Yes, Please address lett	er to	Embassy in .		(country)
☐ For IAP candidates only, ch	eck here if you are tak	ing this course	as an AMPAP 6	elective
(www.iap.aero - we will forward	•	_		
 registration fee will be either tra Participant cancellation must be From registration to 30 days be From 30 days - 15 days before From 14 days before course st 	made in writing and receive efore course start date: 100 course start date: 50% mir	ed by ACI as follows % minus €100 adm nus €100 administra	s: inistration fee.	ded.
ransfers:	art date. He lees till se le.	aaca.		
Course registration is transferab prior to the course start date. Act			written notification	no later than 2 we
 Payment: Payments are to be made in Eur invoiced in Euro + VAT: ACI VAT * Important For all courses that 	Γ number is 320 317.			
Method of payment: (5% dis		istration(s) (2 moi	nths prior to start	of course) /
paymer	nt(s) by credit card only)			
VISA • MasterCard • American Ex	press			
	se <u>DO NOT</u> Email your de	tails to us. Send b	y <u>FAX ONLY</u> to +	41 22 717 8888.
lame of holder:			y <u>FAX ONLY</u> to +4	41 22 717 8888.
lame of holder:				

• Bank transfer EURO:

UBS, Geneva, Switzerland BIC/SWIFT:UBSWCHZH12A Account no. 240-202 942.74G

• Bank transfer USD:

UBS, 1211 Geneva 2, Switzerland BIC/SWIFT:UBSWCHZH12A Account no. 240-202 942.53E

• Cheque

Made payable to ACI and sent to ACI World P.O Box 16 1215 Geneva – Airport Switzerland