

Aviation Fuel Solutions Inc.

COURSE REGISTRATION FORM

Form No. QC/A1

Course Title: Aviation Fuel: Quality Control and Auditing

Date: September 26 to 28, 2011

Location: Montréal, Canada

Mr. Mrs. Ms.

First Name: _____

Last Name: _____

Company Name: _____

Title: _____

Company Mailing Address:

City: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Personal Mailing Address:

City: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Course Fee Settlement (\$3,500 + taxes):

Cheque Bank wire transfer

Payment to be made upon registration

Signature of Applicant: _____

Date: _____ (yyyy/mm/dd)

Please fax completed REGISTRATION FORM to 1 450 444 7158