



Registration Form

Academy Date: _____

Academy Location: _____

Please complete this form and fax it to 407-386-6427 or email to Elyse.Rowe@FlightScope.com

ITEM	Price	Qty	Total Price
FlightScope Academy (first attendee)	\$400	1	\$400
FlightScope Academy (additional attendees from the same facility)	\$300		
Total			

ATTENDEE INFORMATION:

Company/Organization:			
Name of Attendee 1:		e-Mail:	
Name of Attendee 2:		e-Mail:	
Name of Attendee 3:		e-Mail:	
Name of Attendee 4:		e-Mail:	
Name of Attendee 5:		e-Mail:	

BILLING INFORMATION:

Credit Card Number:			
Expiry Date:			
CVV:			
Name on Credit Card:			
Billing Address:			
City:			Zip code:
State:		Country:	
Telephone:		e-Mail:	

Name: _____ Place _____

Signature: _____ Date _____