

MAINTENANCE TRAINING REGISTRATION FORM

Customer Information

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTRY: _____
PHONE: _____ EMAIL ADDRESS: _____
(PLEASE INCLUDE AREA CODE/ INTERNATIONAL COUNTRY CODE)
LOCAL CONTACT INFO (HOTEL, US CELL, ECT.) _____
IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
PHONE: _____ RELATIONSHIP: _____

Company/Billing Information:

COMPANY NAME: _____
BILLING CONTACT: _____
BILL TO ADDRESS: _____
BILL TO ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTRY: _____
PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

Course Description:

Course Requested: _____ Course Start Date: _____
Tuition Amount: _____ Deposit : _____

FAA Mechanic Rating: # _____ Year: _____
or Foreign Equivalent: _____
Helicopter Mechanic Experience (total in Years): _____
Total MD Helicopter Experience: _____
Other Helicopter Experience: _____
Any Engine Courses Attended: _____
Signature: _____ Date: _____

Email Registration Form to training@mdhelicopters.com