

REGISTRATION FORM

First Name: _____	Mid: _____
Last Name: _____	Title: Mr / Mrs / Ms
Organisation: _____	
Job Title: _____	
Address: _____	
City: _____	Postcode: _____ Country: _____
Phone: _____	Fax: _____
Email: _____	Mobile: _____
Name of course: _____	
Location: _____	Date of course: _____ Total Fee: _____
Visa: <input type="checkbox"/> Yes, Please address letter to _____ Embassy in _____ (country)	
<input type="checkbox"/> For IAP candidates only, check here if you are taking this course as an AMPAP elective (www.iap.aero - we will forward the status of your course completion to the AMPAP Registrar).	

Conditions:

Registration:

- Full payment is due upon receipt of a completed registration form. Payment of the course must be made 1 week prior to the start of the course. Students will not be allowed to participate in a course without proof of payment.

Cancellation:

- ACI has the right to postpone/ cancel courses and decline registration. In the event that a course is cancelled by ACI the registration fee will be either transferred to a future ACI course of same or interior value, or refunded.
- Participant cancellation must be made in writing and received by ACI as follows:
 - From registration to 30 days before course start date: 100% minus €100 administration fee.
 - From 30 days - 15 days before course start date: 50% minus €100 administration fee
 - From 14 days before course start date: No fees will be refunded.

Transfers:

- Course registration is transferable to other individual members or courses with written notification no later than 2 weeks prior to the course start date. Administration fees may apply.

Payment:

- Payments are to be made in Euro or US dollars. Pre-payment of orders is requested. Purchasers in Switzerland will be invoiced in Euro + VAT; ACI VAT number is 320 317.

Method of payment: (5% discount apply for early registration(s) (2 months prior to start of course) /payment(s) by credit card only)

- **VISA** • **MasterCard** • **American Express** (ccv n° is the 4 digit number found on the front of the card)

Name of holder: _____

Card number: _____ Expiry date: _____ CCV Number: _____

Signature: _____ Date: _____

• Bank transfer EURO:

UBS, Geneva, Switzerland
BIC/SWIFT:UBSWCHZH12A
Account no. 240-202 942.74G
IBAN : CH55 0024 0240 2029 4274 G

• Bank transfer USD:

UBS, 1211 Geneva 2, Switzerland
BIC/SWIFT:UBSWCHZH12A
Account no. 240-202 942.53E
IBAN : CH64 0024 0240 2029 4253 E

• Cheque

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