



Composite Repair-Training Course REGISTRATION FORM

Course Date: _____
(Please fill in dates requested.)

Name: _____
(Please print your name exactly as it appears on your
driver's license for your graduation certificate.)

Address: _____

_____ City State Zip

Email address: _____

Telephone No. (_____) _____

Course Cost: \$1195.00

Method of Payment:

Please make check payable to
Virginia Aviation and reference for Composite Training Course.

For Credit Card payment:

Credit Card Type: _____

Credit Card No. _____

Expiration: Month _____ Year _____

3 digit V # on back for Visa and MC _____

Registration can be faxed or mailed:

Fax: 434-237-6715 or by mail to

**Virginia Aviation
Attn: Donna Gaudet
P. O. Box 4209
Lynchburg, VA 24502**

For questions on registration, call Donna at 434-237-8428 or email:
donnag@VirginiaAviation.com