

Enquiry Form

All items marked with * must be declared!

Company	*Company Name: _____	
	*Address: Street & Number City Country & Post-code	
	*Phone: _____	*Fax: _____
	*E-mail: _____	*VAT-No: _____
Participant	*First Name: _____	*Last Name: _____
	*Date of Birth: _____	*Place of Birth: _____
	E-mail: _____	
Type Examination	*Aircraft Type: _____	*First attempt: _____ Number and dates of last attempts: Yes No
	*Desired examination date (please choose one CW): _____	
	<u>We will inform you about available dates within the selected week.</u>	

Please send the form by E-mail or fax to:
training@diamond-air.at or +43 2622 26700 1865