



REGISTRATION LINE MAINTENANCE TRAINING / Date _____

NAME: _____

COMPANY: _____

STREET: _____

POSTCODE / CITY: _____

MOBILE-PHONE: _____

E-MAIL: _____

Your experience / activities / technical knowledge of the C42 airframe:

Rotax-Training _____ valid until _____

flight licenses: _____

Present aircraft:

If C42 please note serial number: _____

With my signature below, I confirm my participation in the above training and will wire the training fee of 299, - EUR to the following bank account.

Consignee: COMCO IKARUS GmbH
IBAN: DE89 6006 9206 0075 4500 03
SWIFT-BIC: GENODES1AID
BANK: Raiffeisenbank Aidlingen eG
Purpose of use: „LMT Training“ and date of training

Place, date, signature

Please feedback to: r.neie@comco-ikarus.de or Fax: +(49) 7572 – 6008-0