

REGISTRATION – NEED BY October 7th

Malibu/Mirage Safety & Training Foundation *** SYSTEMS / MAINTENANCE SESSION and FLIGHT SESSION ***

Piper Day: Thursday, November 11, 2010 9:00 AM – 4:00 PM

Reception: Thursday, November 11, 2010 - 6:00 PM – 8:00 PM

Classroom and Hands-On: 8:00 AM – Friday, November 12 – Saturday, November. 13, 2010

Hilton Head Island Airport (HXD) Hilton Head, SC

Piper Service FBO: Signature Flight Support (843 689 3200)

Hilton Oceanfront Resort, 23 Ocean Lane, Hilton Head, SC / 843 341 8006 Reservations Number

I would also like to participate in a flight Session at this Seminar.....

Name _____ Name For Badge _____

Guest(s) Attending Name(s) _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Fax Number _____ E-mail: _____ Aircraft N# _____

Aircraft Type: Malibu Mirage JetPROP Meridian Matrix Other

It is important to understand that this program is an enhancement to your annual training. It is NOT a replacement for annual recurrent training.

Cost: \$499. Each Attendee (*Non-refundable / Non-transferable*)

Method of Payment: Check Enclosed VISA Master Card Discover

Card Number _____ Expiration Date: Mo _____ Yr _____

CCV 3 digits (back of card) _____ Signature _____

I would like to make a contribution to the Safety Foundation Endowment Fund In the amount of: \$ _____

Call the hotel direct and make your reservations: \$99. + tax per night **OR** Oceanview Room: \$139. + tax per night - both rates Includes up to two Breakfast Vouchers per room per morning in the Palmetto Market. **Cut-off date with Hotel for this rate: October 10, 2010.** (Make sure you advise them you are with the Malibu/Mirage Group). **Note: *If you do not stay at the host hotel, you will need to make your own transportation plans.***

Meals Are INCLUDED In The Registration Fee For the Attendee Only:

Co-Pilot/Spouse or Guest(s) Meals:

Friday Dinner: \$50. each

Saturday Dinner: \$50. each

Number Additional Attending: _____ Total: \$ _____

Number Additional Attending: _____ Total: \$ _____

Seminar Grand Total: \$ _____

Return this completed form to:

MMS&TF – Russ Caauwe, Executive Director, Box 1288, Green Valley, AZ 85622
Phone Number: (520) 399-1121 Fax: (866) 292-7547 E-Mail: Russ46@cox.net