



Pool Operator Training

575 Christiana St.
North Tonawanda, NY 14120-6203
Ph: 716.830.8865
E-mail: MAPiciulo@outlook.com

Certified Pool/Spa Operator® Course Registration Form—Individual

Instructions:

1. Please print all information clearly or complete this form online.
2. Home address is required. The book and study materials will be mailed there before class (certificate afterward).
3. Payment must be included. If paying by check, make check payable to: **Pool Operator Training**
4. Mail the registration form with payment in the form of a check or money order in the amount of \$275 (Early Registration Fee) or \$300 (Late Registration Fee) to:
Pool Operator Training
575 Christiana St.
North Tonawanda, NY 14120-6203
5. If paying by PO, mail or e-mail the completed registration form and PO to **registration@pooloptraining.com**.
Once received, we will send an invoice. Purchase Order #:
6. The registration form and either the check or PO must be post marked by the Early Registration Fee deadline (three weeks before the first day of class). Late Registration is less than three weeks before first class.
7. Registrations received during the "Late Registration" period with payment of the "Early Registration" fee will require payment of the balance prior to or at the first class.
8. For more than one person registering, copy this form.

Course Information (please print all information)

Course Location (City):	State:
Course Dates:	, 20 _____

Company/Facility Information (All information is required. Please print all information)

Company Name:		
Contact Name:	Title:	
Address:	Phone: () —	
City:	State:	Zip:
Contact E-mail:		

Individual (Student) Information (All information is required. Please print all information)

First Name:	Last Name:	MI:
Home Address:		
City:	State:	Zip:
Phone: () -	Cell phone: () -	
Personal E-mail:	Certified Before: Y N	