



Pool Operator Training

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North Tonawanda, NY 14120-6203
Ph: 716.830.8865
E-mail: info@pooloptraining.com

Certified Pool/Spa Operator® Group Registration Form & Company Information

This form is to be used for company contact, course and payment information.
Use the this form when registering more than one person from your organization.
If you need additional space, use additional forms. Thank you.

Instructions:

1. Please **PRINT** all information clearly.
2. If people from another division or branch will be attending, they may fill out another Group Registration Form & Company Information with different company and contact information and purchase order number separately.
3. **Home address is required** as the book and study materials are mailed there.
4. Per person fee: **\$325, for virtual (Zoom™) class**
4. Payment must be included if paying by check. Fill out the form below completely and mail this form with a check made payable to: **Pool Operator Training** to the address at the top of the form.
5. If paying by Purchase Order # you may e-mail this completed registration form and PO to **info@pooloptraining.com** or mail it to the address at the top of this form.
6. This Registration Form and either the check or PO must be received at least 14 days prior to class.
7. Registrations received after the deadline will be assessed an additional \$25 per person late registration fee.
8. Use this form if more than one person is registering, copying it if needed.

The virtual Zoom™ classes require each student have their own computer with access to the internet and with functioning camera, microphone and speaker. Zoom™ classes may require downloading the Zoom™ app onto the computer. Please be sure you have permission to do so prior to the day of the class.

Course Information (please print all information)

Course Location (City): Virtually via Zoom

State: Zoom

Course Dates:

, 20 _____

Company & Contact Information (please print all information)

Company Name:

Contact Name:

Title:

E-mail:

Phone: () —

Address:

City:

State:

Zip:

Total # Registered (from last page of Group Registration Form): _____

To register people for the class, use the enclosed Group Registration Form.

Certified Pool Operator® Group Registration Form

Instructions:

1. Please **PRINT** all information. All information is required, as you may receive Zoom links to access the class, codes for exams or other important information.
2. Use this form when registering more than one person from your organization.
3. **Addresses must be home addresses as this will be used to mail pre-course materials and certificates.**

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|--|-------------|-----------------------------|-----------------------------|
| #: | First Name: | MI: | Last Name |
| Home Address: | | | |
| Address 2: | | | |
| City: | | State: | Zip: |
| Home Phone: () - | | Cell Phone: () - | Certified Before? Y N |
| Required: E-Mail (Personal Email Preferred): | | | |
| | | | |
| #: | First Name: | MI: | Last Name |
| Home Address: | | | |
| Address 2: | | | |
| City: | | State: | Zip: |
| Home Phone: () - | | Cell Phone: () - | Certified Before? Y N |
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| Required: E-Mail (Personal Email Preferred): | | | |
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