



Pool Operator Training

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

Certified Pool/Spa Operator® Group Registration Form

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

Instructions:

1. **PRINT** all information. **Home address is required** as the book and study materials are mailed there.
2. If staff from another division or branch will be attending, complete another Group Registration Form & Company Information with that branch, contact information and purchase order number separately.
3. Per person fee: **\$395 per person** (\$420 per person if received late).
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 (PO), **PO # _____**, 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. Use this form if more than one person is registering from your organization, copying it if needed.

Please Note:

1. Above fee includes emailing of certificates from the Pool & Hot Tub Alliance to students only.
2. Textbooks can be sent to the Company/Facility Contact. See below.

Course Information (please print all information)

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

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

Company Name:		
Contact Name:	Title:	
Address:	Phone: ()	
City:	State:	Zip +4:
Contact E-mail:		

Handbook Mailing: YES, please send me, the **Company/Facility Contact** listed above, the textbook & study materials for those registered. By checking here (), I agree to distribute packets to staff within 24 hours of receipt of books by our office.

To register staff, see reverse side.

Total # Registered: _____

Certified Pool Operator® Group Registration Form

Instructions—All information is required. Please PRINT.

1. Addresses must be home addresses as this will be used to mail pre-course materials.
2. NOTE: Certificates will be sent to Student emails. Paper copies will NOT be mailed by the US Postal Service.

1	First Name:	MI:	Last Name
Home Address:			
Address 2:			
City:		State:	Zip +4:
Home Ph: ())		Cell: ())	Certified Before? Y N
Required: E-Mail (that is checked daily):			
2	First Name:	MI:	Last Name
Home Address:			
Address 2:			
City:		State:	Zip +4:
Home Ph: ())		Cell: ())	Certified Before? Y N
Required: E-Mail (that is checked daily):			
3	First Name:	MI:	Last Name
Home Address:			
Address 2:			
City:		State:	Zip +4:
Home Ph: ())		Cell: ())	Certified Before? Y N
Required: E-Mail (that is checked daily):			
4	First Name:	MI:	Last Name
Home Address:			
Address 2:			
City:		State:	Zip +4:
Home Ph: ())		Cell: ())	Certified Before? Y N
Required: E-Mail (that is checked daily):			
5	First Name:	MI:	Last Name
Home Address:			
Address 2:			
City:		State:	Zip +4:
Home Ph: ())		Cell: ())	Certified Before? Y N
Required: E-Mail (that is checked daily):			