



Water Treatment Certification Review Gr 1-2

Class brought to you by CRWA

Information about the Fees:

COST: \$275 (Members) \$375 (Non-Members)

LOCATION: Oceano CSD – 1655 Front Street, Oceano, CA 93445

To Register: Please email this form to; candicej@calruralwater.org, or you can fax to; 916.553.4904

Information about this course:

California Rural Water Association (CRWA) is offering a series of two-day review classes designed to enhance your working knowledge of water treatment. Classes include a pre-test, detailed instruction on the expected range of knowledge for treatment operators, and practice exams. This format helps operators brush up on the many aspects of treatment systems and assists students with test-taking skills.

Schedule: 8:30AM – 3:30PM | 12:00 p.m. – 1:00 p.m. (*lunch on your own*)

Contact Hours: 12 SWRCB Contact Hours/1.2 REHS CEUs

Dates & Times: (check the date & please circle the class you want to attend)

May 15-16, 2024 – Oceano (San Luis Obispo County)

Information for the Attendee:

- A confirmation will be **EMAILED** to you **WITH INSTRUCTIONS**, please make sure your email address is valid.
- All registrants who have registered and paid for the class will receive their certificates within two weeks of the class date.
- Cancellations must be received by CRWA in writing five business days prior to the event to qualify for a refund.
- Cancellations received within this period, will be subject to a refund less a \$25 processing fee.
- All class transfer requests must be received five business days prior to class and are subject to CRWA approval. Transfers will only be valid within the same calendar year.
- **REMITTANCE** should be mailed to, 1234 North Market Blvd., Sacramento, CA 95834

ATTENDEE REGISTRATION INFORMATION

PLEASE FILL OUT ALL INFORMATION

Attendee(s) Name(s): _____

Attendee address for certificates: _____

City: _____ State: _____ Zip: _____

Attendee Ph.#: _____ **FAX:** _____ **Attendee Email:** _____

System Company Name: _____ System Address: _____

City: _____ State: _____ Zip: _____

CRWA Member (\$275 per person) Non-Member (\$375 per person) Payment Total: \$ _____

Check to follow in mail (payable to CRWA) Credit Card (print info below)

Credit Card # _____ Expiration Date: _____ Authorized Signature: _____