

Please **PRINT** Clearly – One Registration Form Per Person

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone () - Email _____

TERMS AND CONDITIONS

Certification Fee: Course fees include certification. No refund is available for participants who do not meet certification requirements or who do not successfully complete the written examination.

Cancellation Fees: Because class sizes are often limited a cancellation fee of \$25.00 will apply to all cancelled registrations. Cancellations made at least three business days in advance of the course will receive a full refund less the \$25.00 cancellation fee. **Cancellations made within three business days of the course will not receive a refund.** Instead, course fees can be applied to another course within one year of the date of the original class. **All cancellations must be in writing.** To cancel your registration, please contact ppm@aquaticsafetygroup.com and we will process a refund in accordance with these terms.

Meals: Unless otherwise designated by "Lunch Included" course fees do not include meals.

"No Shows": No refund or course credit will issue to persons who register for a course but fail to show up on the course start date.

WHAT TO BRING TO CLASS

- Dress comfortably, in layers
- Calculator (Basic Functions)
- Pencils (with erasers)
- Notepad
- Highlighter

ABOUT YOUR POOL (IF KNOWN)

- Measurements (Length, Width, Depth)
- Capacity in Gallons
- Type of Sanitizer (e.g. liquid chlorine)
- Type of Filters (e.g. sand)

Course Name and Location

Date & Time

Course Fee

Total

Practical Pool Management Plus

Mass. Dept. of Conservation and Rec.
 Location: Tip O'Neill Bldg (Boston)

June 5 – 6, 2007 (Tues-Wed)
 8:00 AM – 5:00 PM

\$280.00*

Practical Pool Management Plus

Mass. Dept. of Conservation and Rec.
 Location: Regatta Point State Park
 (Worcester)

June 7 – 8, 2007 (Thurs - Fri)
 8:00 AM – 5:00 PM

\$280.00*

*\$15 late fee if payment received after June 1, 2007

PAYMENT INFORMATION Registration fee **MUST** accompany this form and **MUST** be received before this registration form can be processed. Send form with check payable to Aquatic Safety Research Group, LLC. Registrations paid by credit card may be faxed directly to (617) 738-9671.

Please select one: Check in the amount of \$ _____ Purchase Order # _____

VISA MasterCard Amex

Print Name on Credit Card: _____ Card Number _____

Expiration Date: ____ / ____ Security Digits: _____ (three-digit code on back of card / four-digits on front of Amex)

I authorize Aquatic Safety Research Group, LLC to charge the total fee indicated on this form to my credit card.

Cardholder's Signature (Required) _____

Please Return Completed Registration Form To:

Aquatic Safety Research Group, LLC
 394 Riverway, Suite 7
 Boston, MA 02115
 Fax: 617-738-9671

For Office Use Only:

Check # _____ Date Rec'd _____

Amount Paid _____ Date Entered _____

Invoice Number _____