

CWT Class Registration Form

Course Name:

Course Date:

Course Location:

Attendee Company Name:

Attendee Mailing Address: *This address will be sent to the Department of Ecology for certification records.*

Mailing Address for Materials and Certificate *(if different from above)*:

The following information is **required for the attendees** of the course:

First Name	Last Name	Phone	Email	Previous Certification No. (if applicable)

Note: If attendee's address is different than above please include in comments below

Provide contact information for entity paying for this training

Billing Contact Name:

Billing Contact Phone:

Billing Contact Email:

Billing Address *(if different from the above)*:

Additional Comments/Notes:

Cancellation/Refund Policy: You are required to contact CWT with any changes to your registration. No refund will be provided for classes that you are unable to attend unless CWT is notified 14 days in advance at which time registration can be transferred in full to another CWT hosted course within 3 months.

Signature:

Date:

Please contact CWT with any further questions:

21731 SE 259th St, Maple Valley WA 98038

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