

CWT Class Registration Form

Course Name:

Course Date:

Course Location:

Student Company/Organization:

Student Mailing Address:

City:

State:

Zip:

The following information is required for the **students** who will be attending the course:

First Name	Last Name	Phone	Email	Previous Certification # (if applicable)

Note: If student address is different than above please enter in comments below

The following information is regarding **billing and accounting**

Billing Contact Name:

Billing Contact Phone:

Billing Contact Email:

Billing Address (if different than the above):

City:

State:

Zip:

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 50% of the payment can be refunded to you or registration can be transferred in full to another CWT hosted course within 6 months.

Please contact CWT with any further questions:



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