Spring 2025 CT SECTION /NEWWA COURSE

REGISTRATION FORM

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| HOW TO REGISTER FOR CT SECTION / NEWWA COURSES |
| **Part I –** Please complete this entire section including daytime telephone, fax, email, and AWWA or NEWWA member number if applicable. **The address should be your billing address for these courses. Part II** – Please check [ √ } which course(s) you will be registering for**. Part III** - Please indicate the method of payment by checking the appropriate box and filling in the **TOTAL FEE** box. (NOTE: If you are *registering within 2 days* of the class add a **$20.00 late fee**.) If you will be paying by credit card, **it is very important that you include the card number and expiration date**. Please **do NOT send registration forms and payments to CT SECTION for these classes!**  Keep a copy of the course dates, then return the completed registration form by Mail to: **NEWWA, 125 Hopping Brook Road, Holliston, MA 01746-1471**. Or, fax to NEWWA at **(508) 893‑9898**. If you need further information, please call the NEWWA office at **(508) 893-7979**. ***PLEASE NOTE:* SECURE *ONLINE REGISTRATION IS AVAILABLE at*** [***www.newwa.org***](http://www.newwa.org) . |

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| **PART I - PARTICIPANT INFORMATION** | | | | |
| **PRINT Name** (As you want your name to appear on CEU Certificate) | | **Daytime Phone**  ( ) | | |
| **Company** | | **Fax**  ( ) | | |
| **Billing Address** | | | | |
| **City** | | | **State** | **Zip** |
| **Email (REQUIRED)** | **CT Section / NEWWA Member**  (if applicable) | | | |

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| **✓** | **Course Code** | PART II – COURSE LISTINGCourse Title | **Date/Time** | **Fee** |
|  | **TCT325ACV** | **TREATMENT OPERATOR EXAM REVIEW GRADE T1-T2**  **(12 TCHs)**  **ONLINE** | **February 6-27, 2025**  **Thursday mornings**  **8:30am – 11:45am** | **$580.00 Member** |
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| **PART III - METHOD OF PAYMENT** | | | | | | | | | | | | | | |
| **Payment in full is required upon registration.**  **Type of Payment** | | | | | | | | | | | | | **Amount (from TOTAL FEE above)**  **$** | |
|  |  | Check (Payable to NEWWA) |  | P.O.# |  | MasterCard/  Visa | |  | AMEX |  | | DISCOVER | |  |
| **Credit Card #** | | | | | | | **Expiration Date CVV#**  / | | | | **Signature:** | | | |

**NEWWA's Cancellation Policy:**Any registration cancellation is assessed a $30.00 administrative fee. If you cancel within one (1) business day of the event or training you will be charged 100 percent of the original registration fee. This charge is non-refundable and non-transferable. Written refund/credit requests made for special circumstances will be considered on a case-by-case basis.