

NEWWA Certificate Program Registration Form

Name: _____

Company/Utility: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____ NEWWA Member Number (if applicable): _____

I am interested in the following Certificate Program Tracks (additional information will be sent as each track is launched):

Water Distribution Operation

Water System Safety

Water Treatment Operation

Water System Management

Cross Connection Control

Registration Fee (per track) is \$225 - Water Distribution Operation is only track available at this time.

Type of payment: Check (payable to NEWWA) Purchase Order MasterCard/Visa/AMEX

Credit Card Number: _____ Expiration Date: _____ Signature: _____

Purchase Order Number: _____

I am considering membership in NEWWA/AWWA. Please send information.

For additional registrations, reproduce this form or call NEWWA at (508) 893-7979. Fax completed form to NEWWA at (508) 893-9898 or mail to NEWWA, 125 Hopping Brook Road, Holliston, MA 01746.

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