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The New Certified Pool Operator Training Course

*Is your pool operating at its peak?
Is your pool operating safely?
Do you want to be sure?*

Now is the time to have a CPO at your site

State health codes specify that **"Every pool shall be under the supervision of a person who is fully capable of and shall assume responsibility for, compliance with all the requirements relating to pool operation, maintenance and safety of bathers"**

The New **Certified Pool Operator** course through the **National Swimming Pool Foundation** is the only nationally recognized-training program for the commercial pool or spa operator. Successful completion of this two-day course gets the professional pool operator a five-year certification and permanent registration number. This certification demonstrates the pool operator understands how to safely operate and maintain the pool/spa at maximum efficiency.

This two-day course benefits pool operators, supervisors, aquatic managers and directors alike. It includes all course materials, handouts, certification fees, and lunch both days. The fee is **\$295.00 + tax** per person -\$320.37 and **\$245.00 + tax for** each additional person from your org (\$266.07 incl tax). We accept Visa/MC. Call Cathy with questions, or to book 800. 456.1285. **All attendees must prepay.**

Get the most from your pool or spa! Be safe; be clean; be efficient!

TMI CPO Course	Date: April 06th & 07th, 2005	Time: 8.30am –5.00pm
Location:	Mirromont Country Club	
	25500 S.E. Mirromont Dr, Issaquah, WA 98027	



Please bring your own calculator, pencil and notebook paper

CPO Registration Form - Please print clearly
For multiple people or to fax this application with Credit card details Please Turn Over

Company _____

Your Name _____ Address _____

City: _____ ST-____ Zip _____ Phone _____

Email address: _____

Mail completed application to:
TMI, P.O. Box 433, Manchester WA 98353

Please fill out separate form for each person . Please Turn Over Thank you Enclosed : \$ _____ # of people _____

CPO REGISTRATION FORM

For Faxed applications or multiple people, please fill out this side of the form—one for each person please
Mail completed application with check to: TMI, P.O. Box 433, Manchester WA 98353
Or fax this application with Credit card details to: (360) 871-6871

COMPANY NAME: _____ **Admin Contact Person** _____

Admin Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel: _____ **Fax:** _____ **Email:** _____

Class Attendee 1 - **Please print clearly** **\$320.37**

Attendee Name _____ **Address** _____

City: _____ **ST:** _____ **Zip:** _____ **Phone:** _____

Email address: _____ **Position:** _____

Additional Person # 2 **\$266.07**

Attendee name _____ **Address:** _____

City: _____ **ST:** _____ **Zip:** _____ **Phone:** _____

Email address: _____ **Position:** _____

Additional Person # 3 **\$266.07**

Attendee name _____ **Address:** _____

City: _____ **ST:** _____ **Zip:** _____ **Phone:** _____

Additional Person # 4 **\$266.07**

Attendee name _____ **Address:** _____

City: _____ **ST:** _____ **Zip:** _____ **Phone:** _____

Email address: _____ **Position:** _____

Payment Information: Check in mail **Total:** \$ _____

Name on Credit Card: _____ 3/4 digit code on back of card: _____
(Only Visa & Master card please)

Address to which card billing is sent: _____

Credit Card #: _____ - _____ - _____ - _____ Ex: Date: _____ - _____

Amt. To charge: _____ Authorized signature: _____