

OREGON ASSOCIATION OF WATER UTILITIES

PO Box 857, Silverton, OR 97381 Phone: 503-873-8353 Fax: 503-873-8538 Web: www.oawu.net

WATER (WT/WD) CERTIFICATION REVIEW

Get ready for the upcoming May 20th EXAM! State test application deadline is March 15th

Dates: May 5-6, 2010 May 11-12, 2010

Locations: **City of Bend** **Shilo Inn-Market St.**
Wastewater Control Plant Capitol Room- 2nd floor
22395 McGrath Rd. 3304 Market St
Bend, OR 97701 Salem, OR 97301

Please contact OAWU at (503) 873-8353 for a map to location or enter address online using your choice of a map locator web site.

Lodging: Best Western Inn & Suites of Bend Shilo Inn- Market St: Direct 503-581-4001
\$89 + tax Single/DbI Occupancy \$60.00 + tax Single/DbI Occupancy
GOVERNMENT RATE GOVERNMENT RATE

Time: 8:00 AM to 4:30 PM Lunch from 12:00-1:00 (on your own)

Cost: Member Benefit Discount Fee: **\$255.00**
*Non-member Registration Fee: **\$330.00**
**Each non-member individual who attends will receive a one-year OAWU Individual Membership*

CEUs: 1.4 Total Water CEUs (0.1 CEUs for each hour attended) ESAC # 1891
0.6 Total Wastewater CEUs (WW CEUs are given for full 14 hours of attendance) ESAC # 1891

Instructors: OAWU Water Circuit Rider Personnel

Course Description: Are you prepared for the upcoming exams? Let OAWU help prepare you with this two & one-half day review to brush up your terminology, system operations, maintenance requirements and math (bring your calculators). After study and this review, you should be ready for your WD/WT certification exam.

BRING A CALCULATOR.

REGISTRATION POLICY: OAWU reserves the right to cancel this class 7 days prior to class date for lack of registrations. **NO REFUNDS** will be issued and **REGISTRANTS WILL BE BILLED** who fail to attend and do not give a 7 days prior notice.

CONFIRMATION POLICY: Please keep a copy of your registration form as confirmation or you may contact OAWU to confirm receipt of your registration

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OAWU Pre-Registration Form

WT/WD Certification Review: May 5-6, 2010 and May 11-12, 2010

WEB

Name: _____ W Cert. # _____ WW Cert. # _____ Title/Position: _____

Name: _____ W Cert. # _____ WW Cert. # _____ Title/Position: _____

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ System E-mail: _____

Please choose class attending: Bend – May 5-6, 2010 Salem – May 11-12, 2010

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Payment Enclosed Please Bill P.O. # _____ Please charge: Visa MasterCard AMEX

Card # _____ Card Expiration: _____ / _____

Card billing address (Street # or PO Box #) _____ Zip _____

Fax receipt to fax # _____ Mail receipt to _____

Name of card: _____ Card Holder's Signature: _____

Please return this form to OAWU: PO Box 857, Silverton, OR 97381 or Fax: (503) 873-8538