

# OREGON ASSOCIATION OF WATER UTILITIES

935 N. Main Street, Independence, OR 97351 Phone: (503) 837-1212 Fax: (503) 837-1213 www.oawu.net

## WATER TREATMENT, WATER DISTRIBUTION CERTIFICATION REVIEW

*Prepare to take your state certification exam*

<b>Date:</b>	<u>April 3-4, 2018</u>	<u>June 12-13, 2018</u>
<b>Location:</b>	<b>Shilo Inn</b> Capitol Room 3304 Market St. NE Salem, OR 97301	<b>Shilo Inn</b> Capitol Room 3304 Market Street NE Salem, OR 97301
<b>Lodging:</b>	Shilo Inn Suites Hotel Direct: 503-581-4001 Government Rate: \$78.00 + Tax	Shilo Inn Suites Hotel Direct: 503-581-4001 Government Rate: \$78.00 + Tax
<b>Time:</b>	8:00 AM to 4:30 PM <u>Lunch from 12:00-1:00 (on your own)</u>	8:00 AM to 4:30 PM <u>Lunch from 12:00-1:00 (on your own)</u>
<b>Cost:</b>	Member Benefit Discount: *Standard Registration: <i>*Each nonmember individual who attends will receive a one-year complimentary OAWU Individual Membership</i>	<b>\$285.00</b> <b>\$360.00</b>
<b>CEUs:</b>	1.4 Total Water/0.5 Wastewater/OS CEUs	<u>ESAC# 3394</u>
<b>Instructors:</b>	<b>Heath Cokeley, Hans Schroeder</b> OAWU Personnel	

**Course Description:** Are you prepared for the upcoming exams? Let OAWU help prepare you with this two day review to brush up your terminology, system operations, maintenance requirements and math (bring your calculators). After study and this review, you will be ready for your levels I&II WD/WT certification exam. **BRING A CALCULATOR.**

**REGISTRATION POLICY:** OAWU reserves the right to cancel this class within 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.

**OAWU Registration Form:** WT/WD Certification Review     Salem April 3-4, 2018     Salem June 12-13, 2018    web

Name: \_\_\_\_\_ Water Cert. # \_\_\_\_\_  
Name: \_\_\_\_\_ Water Cert. # \_\_\_\_\_  
City/System Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ System E-mail: \_\_\_\_\_

**Cost:**     Member Benefit Discount:            **\$285.00**  
               Standard Registration:                    **\$360.00**  
              *Each nonmember individual who attends will receive a one-year complimentary OAWU Individual Membership.*

Payment Enclosed             Please Bill             P.O. # \_\_\_\_\_

If paying by credit card, please use PayPal online at [www.oawu.net](http://www.oawu.net) or call the OAWU office for processing and receipt.

Fax receipt to fax # \_\_\_\_\_     Email receipt to \_\_\_\_\_

Please return this form to OAWU 935 N. Main St., Independence, OR 97351 or Fax: (503) 837-1213 or email: [office@oawu.net](mailto:office@oawu.net)