



Blue Wave Pool Services and Supplies CPO[®] Certification Course Registration Form

Complete this form and mail it with payment to:
Blue Wave Pool Service and Supplies, 11 Overlook Drive, Hamden, CT 06514,
fax it to 203-288-7070, or e-mail it to mail@bluewavepools.com.
Feel free to call us with any questions at 203-248-0429.

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Class Date: _____ **Class Location:** _____

Fee: \$310 Early Registration (three weeks prior to class) \$335 Registration

Ship Me My Book For \$10

In order to have book shipped, you must be an early registrant. Books will be shipped to the home address unless stated otherwise.

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Last Name: _____ First Name: _____ M.I.: _____

E-Mail Address: _____

Home Street Address: _____

City, State, Zip: _____

Home Phone:(_____) _____ Mobile Phone:(_____) _____

Business Name: _____ Ship Here

Business Street Address: _____

City, State, Zip: _____

Business Phone:(_____) _____ Business Fax:(_____) _____

Payment Option: Check Visa MasterCard

*Make checks payable to Blue Wave Pool Service

*Cash paying registrants MUST register in person at 11 Overlook Drive in Hamden, CT to receive a receipt. Do not mail cash.

If Paying by Visa or MasterCard:

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Billing Information: Name on Card: _____

Same as Business Address Same as Home Address

Billing Address (if different): _____

City, State, Zip: _____

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*In the event that you cannot attend, a refund may be requested 14 days before the course; however, there is a \$35 cancellation fee. Within 14 days of the course, or if you fail to attend, no refund will be given.

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For Office Use Only: Received By: _____ Date Received: _____