



# Blue Wave Pool Services and Supplies CPO<sup>®</sup> Certification Course Registration Form

Complete this form and mail it with payment to:  
Blue Wave Pool Service and Supplies, PO Box 4398, Wallingford, CT 06492,  
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:**     **\$330 Early Registration (up to 3 weeks before class)**     **\$355 Registration**

**Ship Me My Book for \$10**

*In order to have the book shipped, you must register at least 2 weeks prior to course.  
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 Blue Wave 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. If you transfer to another course date within 14 days of your original registered course, there will be a \$60 transfer fee.

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*For Office Use Only:* Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_