



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, 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: **\$360 Early Registration (up to 3 weeks before class)** **\$385 Registration**

Ship Me My Book for \$15
*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.

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