



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, or fax it to 203-288-7070. If paying by credit card, you can send in this form, and call with the card information as well. Feel free to call us with any questions at 203-248-0429.

Fee: \$355**

Includes: This Fusion Course includes an access code for the Pool Operator Primer Course, the CPO book, and registration for the one day in-class portion. The access code will be emailed to you and the book shipped once payment has been received. The book will be shipped to the home address unless noted otherwise. You have 6 months to complete the online portion, and 6 months after completion to attend a one day class. You may register for the in class portion only after completing the online portion.

*** REQUIRED INFORMATION**

*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: _____

**All charges are non-refundable.

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