



# 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, 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:** **\$455\*\***

**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 only. You have 6 months to complete the online portion, and after completion to attend a one day class. You may register for the in class portion only after completing the online portion and have the certificate of completion.

### \* REQUIRED INFORMATION

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Home Street Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

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: \_\_\_\_\_