ATTENTION!! To avoid a $15 billing charge please MAKE SURE THAT THIS FORM DOES NOT BECOME SEPARATED FROM YOUR PAYMENT. Thank you!

CROSS CONNECTION CONTROL BACKFLOW TESTER COURSE

Oregon Health Authority Approved

PREREGISTRATION IS REQUIRED!!

COURSE: XWET-C005-51 Backflow Tester Course (4.0 CEUs)
(OESAC Approved #2617 for 3.7 Water relevant CEUs)

DATES: MARCH 14-18, 2016
TIME: 8:00 a.m. to 5:00 p.m.
LOCATION: Clackamas Community College
Oregon City, Oregon
Training Center, Room T-150

COST: $470.00

Please Note: There is a $15 service charge for purchase orders.

(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested PRIOR to the beginning of the class.)

Make checks payable to:
Attn: Registrar
Clackamas Community College
19600 S. Molalla Avenue
Oregon City, OR 97045
(attach this form to payment)

For further information, call 503-594-3345. A letter of confirmation will be mailed to you prior to the start of the class.

PLEASE READ THIS! Upon completion of this course, the Oregon Health Division will require proof of high school diploma or GED completion in order to become a licensed backflow device tester.

QUICK ENTRY REGISTRATION FORM

Term: WINTER 2016

Social Security #* or Student I.D. # ___________________________ Birthdate _________ Today’s Date __________

Name ___________________________________________________________

Last First Middle

Mailing address ___________________________________________________

Street City State County ZIP

Telephone ________________________________________________________

Home Cell Work

*Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the Schedule of Classes which describes how your number will be used. Providing your Social Security number means that you consent to the use of the number in the manner described.

<table>
<thead>
<tr>
<th>CRS. Reg #</th>
<th>SECTION NO.</th>
<th>COURSE TITLE</th>
<th>CREDITS/CEU</th>
<th>TIME</th>
<th>START DATE</th>
<th>CRS. FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>264426</td>
<td>XWET-C005-51</td>
<td>5-Day Tester Certification</td>
<td>4.0 ceu</td>
<td>8AM</td>
<td>T150</td>
<td>3/14</td>
</tr>
</tbody>
</table>