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

BACKFLOW TESTER RENEWAL COURSE
(OESAC Approved #2948: 0.6 water relevant CEUs) Oregon Health Authority Approved
PREREGRISTRATION IS REQUIRED!!

COURSE: XWET-C002-12 – 1 Day Tester Renewal (0.6 CEUs)
DATE: May 6, 2016
TIME: 8:00 am – 4:00 pm
LOCATION: Clackamas Community College
Oregon City, Oregon
Training Center, Room T-150

COST: $85.00 – 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:
Clackamas Community College - (attach this form to payment)
Attn: Registrar -OR- Fax with credit card
19600 S. Molalla Avenue
Oregon City, OR 97045
503-722-5864

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

QUICK ENTRY REGISTRATION FORM

Term: Spring 2016

Birthdate (REQUIRED) Month _______ Day _______ Year ____________ 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.

| CRS. Reg # | SECTION NO. | COURSE TITLE | CREDITS/CEU | TIME | M | T | W | TH | F | S | ROOM | START DATE | CRS. FEE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 265474 | XWET-C002-12 | 1 DAY TESTER RENEWAL | 0.6 CEU | 8AM | X | | | | | | T150 | 5/6 | $85 |

MAIL REGISTRATION WITH PAYMENT TO:
Registrar, Clackamas Community College -19600 Molalla Avenue -Oregon City, OR 97045-7998