## **NEWWA COURSE REGISTRATION FORM**

## **HOW TO REGISTER FOR NEWWA COURSES**

Part I – Please complete this entire section including daytime telephone, fax, email, and NEWWA / AWWA member number if applicable. The address should be your billing address for these courses.

Part II – Please check which course (s) you will be registering for. If you register within two days – add a \$20 late fee.

Part III – Please indicate the method of payment by checking the appropriate box and filling in the TOTAL FEE box. If you will be paying by

credit card, it is very important that you include the card number and expiration date.

(508) 893-9898. If you need further information, please call the NEWWA office at (508) 893-7979.							
No	ma (As you want your	PART I - PARTIC name to appear on CEU Certificate)	IPANT INFORMAT		autima Phona		
		name to appear on CEO Certificate)		, i	Daytime Phone		
Co	mpany			F	Fax		
Bill	ling Address						
Cit	у		State Zip		Zip		
Email			NEWWA Member # (if applicable)				
✓	Course Code	PART II -COURSE TITLE/LC	OCATION		Date/Time	Fee	
Tv	pe of Payment	PART III - MET	THOD OF PAYMEN	NT .	Amount /from	TOTAL FEE above)	
_		- NICIANA(A) D D O #	_			TOTAL FEE above)	
☐ Check (Payable to NEWWA) ☐ P.O.#			asterCard/Visa	AMEX E S	gnature:		
rec of sp	quest a refund or the original cour ecial circumstand	If you cannot attend you must contact NEV credit minus a \$30 administrative fee. If yo se registration fee. This charge is non-refuces will be considered if received within two e date of this program.	ou contact NEWWA v undable and non-trar	within on nsferable	ie business day yo e.  Written refund/	ou will be charged 100% credit request made for	

Check here if you have a disability and require accommodations to fully participate. You will be contacted by NEWWA. (508) I am considering membership in NEWWA/AWWA. Please send information. For additional registrations, reproduce this form or call NEWWA at (508) 893-7979.