

2011-2012 FOWA COURSE REGISTRATION FORM

IMPORTANT! Please fill in the date(s) of the courses desired, name of courses, locations and prices.

Register for your courses one of the following ways:

- Mail check for total amount due to: FOWA ♦ P. O. Box 950368 ♦ Lake Mary, FL 32795-0368
- Fax with credit card info to 1-877-832-9434
- Go online to *www.fowaonsite.com/course_info_registration* and complete one of the online forms (You can now pay online too!)
- Call the administrative/business office at 321-363-1590

COURSE DATE	COURSE NAME - # CEU HOURS	LOCATION	COST
		TOTAL DUE:	

****AVOID \$20 ADDITIONAL "AT THE DOOR" FEE – MAKE SURE WE RECEIVE PAYMENT PRIOR TO CLASS DATE!**

I am currently a: (all that apply)

- Registered Septic Contractor
 Master Septic Contractor
 DOH Employee
 Certified Plumbing Contractor (CFC)
 Registered Plumber
 Certified Environmental Health Professional (CEHP)
 Engineer (P.E.)
 Employee of Florida Engineer (P.E.)

YOUR License/Registration #(s): _____

- Not licensed/certified
 Other _____

I am registered for the class(es) above for the purpose of: (all that apply)

- Registered or Master Septic Contractor Renewal hours
 CEHP Renewal hours
 Attending for information only
 Working toward Registered Septic Contractor License
 Working toward Master Septic Contractor License
 Certification as CEHP
 Education hours in lieu of work experience (30 CEU hrs = 6 months experience)
 Successful completion of soils course per 381.0101(3)(b) FS (Employees of Florida Professional Engineers only)

Name _____ Company _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone () _____ Fax () _____

Fee enclosed \$ _____ Check# _____ OR Credit (VISA, MC, AMEX, DISC)

Card # _____ Exp.Date ____/____/____ Authorized Amt \$ _____

Card Verification #: _____ (VISA, MC or DISC=Last 3 digits on back of card. AMEX=4 digits on front of card)

Name on Card (Print) _____ Signature _____

Billing Address for Card (if different from above) _____

City: _____ State _____ Zip _____

Office Use Only: Verify Lic #/Co
 Verify Address
 Check Mbr Status: Mbr _Non-Mbr_
 Entered _____
 Fax Invoice/Receipts
 Email Invoice/Receipts
 Mail Invoice/Receipts DATE SENT: _____
 Date Reg. rec'd _____ via: Email
 Mail
 Fax
 Phone call from _____
 Confirmation sent via: Email
 Mail
 Fax
 Date Sent: _____ Rev122011