

**Cross Connection Control Foundation
BACKFLOW SCHOOL REGISTRATION FORM**

(Please fill, print and mail)

Company: _____ Business Phone: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Business Email: _____
Student Name: _____ Phone: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ County of Residence: _____
Email: _____ NYS Cert# _____ Expiration Date: _____
(Recertification students Only)

CCCF Course/Testing Dates

Check One: Initial Class \$595 (\$615 w/credit card)	Recertification \$195 (\$205 w/credit card)
___ March 26-29 th NOW FULL	___ March 23 NOW FULL
___ June 11-14 NOW FULL	___ March 30 NOWs FULL
___ Sept 17-20	___ June 8 NOW FULL
___ Dec 10-13	___ June 15
	___ Sept 14
	___ Dec 7

Check One: ___ Credit Card ___ Check ___ PO **payable to:**
Cross Connection Control Foundation \$ _____ to cover _____ registrations

If paying by credit card (Discover, Master Card, Visa, American Express) call Steve (585)216-2223

Please note that certificates will be issued 6-8 weeks after Course Completion. Please plan accordingly.

Mail to: CROSS CONNECTION CONTROL FOUNDATION 255 Basket Rd. Webster, NY 14580

Please print this form and mail with your registration fee. Travel and lodging information will be sent with a letter confirming your registration. Please supply a good email address above.