

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)
th

- | | |
|---|---|
| <input type="checkbox"/> March 26-29 full | <input type="checkbox"/> March 30 Now Full |
| <input checked="" type="checkbox"/> June 11-14 NOW full | <input checked="" type="checkbox"/> March 23 NOW FULL |
| | <input checked="" type="checkbox"/> June 8 NOW FULL |
| <input type="checkbox"/> Sept 17 – 20 Now full | <input type="checkbox"/> June 15 Now Full |
| <input type="checkbox"/> Oct 22 – 25 | <input type="checkbox"/> Sept 14 |
| <input type="checkbox"/> Dec 10-13 | <input type="checkbox"/> Oct 26 |
| | <input type="checkbox"/> 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.