

***BACKFLOW PREVENTION
CERTIFIED TESTER COURSE***

The North Carolina Rural Water Association (NCRWA) is pleased to provide you with Backflow Prevention Certified Tester Courses. This five day course is designed to provide current industry standards for the testing and troubleshooting of backflow prevention assemblies used in cross connection programs throughout the state. This course applies to water operators, contractors, plumbers, fire mechanical engineers, and lawn irrigation contractors. This course provides 30.0 CEUs. for the NC Water Treatment Facility Operator Certifications. ***This course is not applicable towards the NC Water Treatment Facility ORC/Cross Connection exam.***

This seminar is limited to **16** participants on a first come first served basis and will begin promptly at 8:00am daily.

Payment must accompany the registration form in order to reserve a place in the class.

The fee to attend is \$300.00. Late Registration is \$325.00.

(If this application is postmarked or faxed after the 10th day prior to the start of class, a \$25.00 late fee will be assessed.)

Checks, MasterCard or Visa are acceptable forms of payment.

**** NO REFUNDS****

Once payment is received, a confirmation letter will be mailed, faxed or emailed to the attendee.

DATES & LOCATIONS

October 11-15, 2010

Cape Fear
Public Utility Authority
212 Operations Center Dr.
Wilmington, NC 28412

December 6-10, 2010

NCRWA Training Facility
3744 Hwy 15-501
Carthage, NC 28327

Please circle the above date you wish to attend

**Please mail registration and make check payable to:
NCRWA PO Box 540 Welcome, NC 27374.
Credit card registrations may be faxed to (336) 731-8589.**

Registration Form

"Backflow Prevention Certified Tester Course"

Name: _____
(Please print name as it should appear on training certificate)

System/Employer: _____

Address: _____

City: _____, NC Zip: _____

Phone: _____ Fax: _____

Cell: _____

Email Address: _____

Circle Card Type: Visa MasterCard

Card #: _____ Exp. Date: _____

Name of Cardholder: _____

I authorize NCRWA to charge \$ _____ to the card # listed.

Signature of cardholder: _____

***Should you have further billing or registration questions,
please contact the NCRWA office at (336) 731-6963.
Please Contact Ronnie West at (919) 812-2940
with class related questions.***