

***BACKFLOW PREVENTION &
CROSS CONNECTION CONTROL ORC SCHOOL***

The North Carolina Rural Water Association (NCRWA) is pleased to provide you with approved Backflow Prevention & Cross Connection Control ORC Schools. This course is designed for persons wishing to become state certified as an ORC in Cross Connection and will provide 32.0 CEUs for the NC Water Treatment Facility Operator Certifications. The State of NC Water Treatment Facility Operators Certification Board has mandated as of July 1, 2003, that all Public Water Supply Systems with five or more testable backflow prevention assemblies shall have a state certified operator in responsible charge (ORC) for the cross connections control facilities of the distribution system.

November 15-19, 2010

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

**Member Rate (NCRWA Individual or System Member): \$ 300.00
Non-Member Rate \$365.00 (Includes 1 year NCRWA Individual
Membership) Late Registration Rate: \$325.00 Member Rate or
\$390.00 Non-Member Rate**

(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 to the member or non-member rate.)

Please mail registration/check payable to NCRWA 10 days prior to class to: NCRWA PO Box 540 Welcome, NC 27374.

Once payment is received, a confirmation letter will be mailed, faxed or emailed to the attendee. *No Refunds, We accept checks, Visa and MasterCard.***

This class will be limited to 16 participants, on a first come first serve basis. Payment must accompany registration in order to reserve a place in the course. Classes will begin promptly at 8:00 am each day at the location listed above.

Registration Form
*“Backflow Prevention and Cross
Connection Control ORC School”*

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

System/Employer: _____

Address: _____

City: _____, NC Zip: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

NC Water Operator ID #: _____

Circle Card Type: Visa MasterCard
Card #: _____

Expiration Date: _____

Complete Billing Address of Cardholder:
Address: _____

City: _____, St: _____ Zip: _____

I authorize NCRWA to charge \$_____ to the credit card above.

Credit card registrations may be faxed to (336) 731-8589.

Print name of cardholder: _____

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.***