



ENROLLMENT FORM

Course Name: _____ Dates: _____

Course Location: _____ Fee: _____

Applicant's Name _____
(last) (first) (MI)

Home Address: _____
(street) (city) (state) (zip code)

Current certification grade level held by applicant (if applicable): _____

Work Phone: _____ Email: (personal) _____

Cell Phone: _____ Email: (work) _____

Employer: _____

Employer Mailing Address: _____
(street) (city) (state) (zip code)

Employer Phone Number: _____ Fax: _____

**Enroll and pay by check or credit card online at:
www.wastewatertechnologytrainers.com/enroll-now/**

Or:

Indicate Method of Payment: Check _____ Credit Card: Visa _____ MasterCard _____ Amex _____ Disc _____

_____ / _____
Card Number Exp. Date Sec. Code Cardholder Name

Cardholder Address (where credit card bill is mailed)

Email Transaction Receipt to: _____

1. Complete WWTT enrollment form above.
2. Enclose a check made payable to: **Wastewater Technology Trainers** for the full amount of the course fee.
3. Mail check and form to: **Wastewater Technology Trainers, 18030 Brookhurst Street, PMB 573, Fountain Valley, California 92708**

Phone & Fax: 866-773-9988