

REGISTRATION FORM
(Pre-registration is recommended!)

Clearly Print or Type all information

You <u>must</u> indicate each class you plan to attend:	
Date:	Location:
Date:	Location:
Date:	Location:

Name: _____

System or Firm Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Title: _____

Phone:_(_____)_____

Are you a certified operator? Yes No

Social Security Number: _____

!!There are no fees for these training classes!!

**You can mail or fax the registration to:
Louisiana Rural Water Association
P O Box 180
Kinder LA 70648
337-738-5620 (fax)**