



Blue Wave Pool Services and Supplies

# CPO Course Registration Form

Complete this form and mail it with payment to: Blue Wave Pool Service and Supplies, 11 Overlook Drive, Hamden, CT 06514 or fax your completed registration form to 203-288-7070. If you have any questions, call 203-248-0429. Early registrants will receive their material in the mail prior to the class. Those who register within two weeks will receive their materials at the first class.

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Class Date: \_\_\_\_\_ Class Location: \_\_\_\_\_

Fee:     \$300 Early Registration (two weeks prior to class)                       \$325 Registration

.....  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone:( \_\_\_\_\_ )                      Business Fax:( \_\_\_\_\_ )

Home Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ )                      Mobile Phone:( \_\_\_\_\_ )

Payment Option:     Check     Cash     Visa     MasterCard

\*Make checks payable to Blue Wave Pool Service

\*Cash paying registrants MUST register in person at 11 Overlook Drive in Hamden, CT to receive a receipt. Do not mail cash.

*If Paying by Visa or MasterCard:*

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Billing Information:    Name on Card: \_\_\_\_\_

Same as Business Address                       Same as Home Address

Billing Address (if different): \_\_\_\_\_

.....  
City, State, Zip: \_\_\_\_\_

\*In the event that you cannot attend, a refund may be requested 14 days before the course; however, there is \$35 cancellation fee. Within 14 days of the course, or if you fail to attend, no refund will be given.

For Office Use Only: Received By: \_\_\_\_\_                      Date Received: \_\_\_\_\_