

New England Onsite Wastewater Training Program @ URI

REGISTRATION FORM

Training Workshop Classes

(Please use one form per person)

Name: _____ Company/Agency: _____

Telephone: _____ Fax: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email (for parking passes, confirmations, etc.): _____

Class Code (do not use this form for SOILS classes)	Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL: \$		_____

SOILS classes need to be registered with Mark Stolt (401-874-2915).

PLEASE MAKE CHECK PAYABLE TO: URI Cooperative Extension

Mail to: University of Rhode Island
NRS Department - NEOWT Program
URI Coastal Institute Bldg.
1 Greenhouse Road
Kingston, RI 02881

Please read our early-bird registration and cancellation/transfer policies.

Profession: Designer license #: _____ Soil Evaluator License #: _____
Installer license #: _____ Other (please specify): _____
Licensing State: _____