



REGISTRATION FORM

NE Onsite Wastewater Training Program Classes

(Please print legibly and use one form per person)

Name: _____ Telephone: _____

Company/Agency: _____

Mailing Address: _____

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

Email: _____

Class Code	Date	Fee
	Total:	

Please register early, as some classes have limited seating. Also, please note that we must receive your registration at least 2 weeks before the scheduled class so that we can mail your parking pass and confirmation materials to you in a timely manner. Please see page 5 for late fee, registration transfer fee, and cancellation policies.

Please make check payable to: **URI Cooperative Extension**

Mail to: NRS Department – OWT Program
URI Coastal Institute Bldg.
1 Greenhouse Road
Kingston, RI 02881

Profession: Designer: State & license #: _____

Installer: State & license #: _____

Soil Evaluator: State & License #: _____

Other (please specify): _____