Underwater Pool Masters Inc.

C.P.O® Course Registration Form

Reques	sted Class Date:	_/	+/		
Compa	ny Name:				
Studen	t Name:				
Home /	Address:				
City:			State:	Zip:	
	·		Email:		
	COURSE COST(S)		*Late Registration is within 2 weeks of class date		
	Early Registration \$365.00				
	Late Registration* \$380.00				
	Pool Math Book (tax included) \$26.56 (optional)				
	Shipping (Textbook Only) \$5.00				
	Shipping (with Math book) \$7.00				
	*Pick up books from our Store = No Charge Total:				
	<u>Payment</u>	*NO Ar	merican Express		
	Check Payable to: Underwater Pool Masters Inc.				
	Credit Card Type:	Visa	Mastercard	Discover	
	Credit Card:	-			
	Expiration Date:	/	3 Digit Secu	3 Digit Security Code:	
	Authorized Signature:				
	Name On Card:				
	*Please email, Fax or ma	ail complete	ed registration form to		

Mail: Underwater Pool Masters Inc., 541 Prospect St., West Boylston, MA 01583

Email: office@underwaterpools.com

Fax: 508-852-1535