

Underwater Pool Masters Inc.

CPO® Course Registration Form

Requested Class Date: ____ / ____ + ____ / ____

Company Name: _____

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

COURSE COST(S)

*Late Registration is within 2 weeks of class date

Early Registration \$415.00 _____

Late Registration* \$425.00 _____

Shipping (Textbook) \$9.00 _____

***Pick up books from our Store = No Charge**

Total: _____

Payment

***NO American Express**

Check Payable to: Underwater Pool Masters Inc.

Credit Card Type: Visa Mastercard Discover

Credit Card: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ 3 Digit Security Code: _____

Authorized Signature: _____

Name On Card: _____

*Please email, Fax or mail completed registration form to

Email: office@underwaterpools.com

Fax: [508-852-1535](tel:508-852-1535)

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