

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

Registration \$424.00 _____

Handbook can SHIPPED or PICKED UP here at store. (circle choice)

Registration within 2 weeks of class will be given Handbook day of class)

CPO Test Retake \$55.00 _____

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

Phone: [508-852-0590](tel:508-852-0590)

Email: office@underwaterpools.com

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

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