



**BACKFLOW PREVENTION ASSEMBLY TESTER COURSE - 5 DAY/40 HOURS**  
**2018 Accredited Academic Training - Instructed by Mitch Prather**

**CLASS LOCATIONS/DATES:** Please Check The Box/Date You Will Be Attending

<u>ANTELOPE</u>	<u>MORGAN HILL</u>	<u>PLEASANTON</u>	<u>REDDING</u>	<u>SANTA ROSA</u>	<u>TURLOCK</u>
<input type="checkbox"/> January 8 - 12	<input type="checkbox"/> Aug 13 - 17	<input type="checkbox"/> Feb 12 - 16	<input type="checkbox"/> Mar 12 - 16	<input type="checkbox"/> June 18 - 22	<input type="checkbox"/> April 30 –May 4
<input type="checkbox"/> April 16 - 20				<input type="checkbox"/> Nov 12 - 16	
<input type="checkbox"/> July 16- 20					
<input type="checkbox"/> Sept 17 - 21					

**Enrollment Fee:** \$1,100.00

**Time:** 7:30 AM to 5:00 PM Monday through Friday

**CEUs/Contact Hours:** 4.0 CEU's, 40-CH's For Attending 100% of This 40 Hour Course

**Location:** Location of the class and confirmation will be sent to the first 25 Paid Students

**Exam:** The certification exam fees are NOT included in the course fees. An exam application must be submitted to the California-Nevada Section, American Water Works Association (CA-NV-AWWA). We strongly recommend submitting your exam application to CA-NV-AWWA at least 30 days prior to the start of the course. For Mitch's Exam Dates and Locations, visit our website <http://www.mitchscertifiedclasses.com/index.asp?TopicID=20>

**STEP 1 - REGISTER**

**STUDENT INFORMATION**

**STUDENT NAME** \_\_\_\_\_  
 Student Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Student Email \_\_\_\_\_ Work Email \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**STEP 2 - PAY** (Choose a payment method below):



Check this box to receive an invoice via email. You may pay online with a credit card or by mailing a check.

**EMAIL ADDRESS: \*Required:** \_\_\_\_\_

**PO Number (if Applicable):** \_\_\_\_\_

Check this box for online payment using PayPal:

Enter the PayPal Transaction ID: \_\_\_\_\_

**STEP 3 - SUBMIT**

- **Email to:** [customerservice@mitchscertifiedclasses.com](mailto:customerservice@mitchscertifiedclasses.com)
- **Secure E-Fax to:** (866) 219-2227
- **Mail to:** Mitch's Certified Classes, Inc. P.O. Box 901, Rocklin, CA 95677