

Northeast Spa & Pool Association

2009

Professional Training Institute Registration Form



Photocopy and submit a separate form for each course you wish to attend

Course Title: _____

Course Code: _____

Visit our website www.nespapool.org for full seminar schedule, class codes, fees & locations

All courses will be held
9:00 a.m. – 4:00 p.m.
Unless otherwise noted

Four ways to register for courses:
Call (609) 689-9111 or On-line: www.nespapool.org
Fax (609) 689-9110 or Mail: NESPA 6 B South Gold Dr., Hamilton, NJ 08691

Student Name (Please print) <i>(10% course fee discount for each additional student)</i> <i>Indicate if you require a textbook for a TECH class/extra fee</i>	Member Course Fee	Non-Member Course Fee
Indicate # Pool & Spa TECH Manuals required:(add \$139.10 per book)		

All fees must be paid prior to class

Member ID: # _____ Date: _____ Email: _____

Company: _____ Phone: _____

Address: _____ City/St/Zip _____

Fax: _____ Credit Card : __A/E __MC __VISA __Discover Exp Date: ____/____ Amount \$ _____

Card #: _____ Auth Signature: _____

***Fees are fully refundable up to three business days prior to class.
A 50% course fee will be charged for no-shows and those who cancel with less than 3 business days notice.
Class confirmations sent upon receipt of payment.***