## Ohio Onsite Wastewater Septic System Workshop REGISTRATION FORM

## Ohio Onsite Wastewater Association

## Friday, December 7, 2018

8:30 AM-4:30 PM

Ohio 4-H Center, OSU Campus 2201 Fred Taylor Rd. Columbus, Ohio 43210

PLEASE REGISTER ONLINE AT: www.ohioonsite.org OR Use this Form. Please type or print legibly.

This Program is Pending Approval for 6 Hours of Continuing Education by the State Board of Sanitarians and the Ohio Dept. of Health for Installers, Service Providers, and Septage Haulers.

| NAME                 |  |                       |                 | F                    | RS# (If Applicable)  |  |
|----------------------|--|-----------------------|-----------------|----------------------|----------------------|--|
| BUSINESS NAME        |  |                       |                 |                      |                      |  |
| MAILING ADDRESS      |  | CITY                  |                 | ST                   | ZIP                  |  |
| EMAIL                |  | PH                    |                 |                      |                      |  |
| PROFESSION           | Designer<br>Registered Sanitarian  |                       |                 | staller<br>Other     | Pumper               |  |
| NAME                 |  | RS# (If Applicable    | )               | OOWA Member<br>\$200 | Non-Member<br>\$250  |  |
| NAME                 |  | RS# (If Applicable    | )               | OOWA Member<br>\$200 | Non-Member<br>\$250  |  |
| NAME                 |  | RS# (If Applicable    | )               | OOWA Member<br>\$200 | Non-Member<br>\$250  |  |
| Total Due:           | Registration cancellations must be made in writing 5 business days in advance for refund.  There is a \$15 processing fee on each refund / cancellation. |                       |                 |                      |                      |  |
| Please make check pa | yable to: OOWA or pay by Vis   | sa, MasterCard, Disco | over or America | n Express below:     |                      |  |
| Name on Card         |  |                       | Billing Zip     |                      |                      |  |
| Card Number          |  | Expiration Date       |                 |                      |                      |  |
| Please send form & p | ayment to: OOWA, 2077 Eml  | bury Park Rd. Fax     | to: (937) 278-0 | 0317 Email: cham     | nann@assnsoffice.com |  |

Dayton, Ohio 45414