



## Exceptional Water Systems CPO Registration form

**Name:**  **Company:**

**Address:**  
 Company  Home  **City/State/Zip:**

**Phone:**  
 Company Cell  Personal Cell  Office:

**Email:**

How Did You Hear About Us?  Colleague  Referral  Email  NSPF Website

**\*\*Please Complete registration form and return via email or fax\*\***

*\*\*Checks made payable to: Exceptional Water Systems*

*Mailing Address: 2803 W Jasper Dr Chandler, AZ 85224*

*Office : 480-694-4709 \* Fax: 480-984-1979*

*Email/Scan: Mikegeyer@exwsystems.com or [Exceptionalwater@yahoo.com](mailto:Exceptionalwater@yahoo.com)*

**\*\*Registration fee must be received and processed prior to class\*\***

Certified Pool Operators Course	Registration Fee
<b>Includes:</b> <ul style="list-style-type: none"><li>• Class Materials (Textbook/Handouts, etc.)</li><li>• Drinks</li><li>• Passing students will also receive CPO Certificate and embroidered shirt badge (certification is valid for 5 years)</li></ul>	\$235.00

### **Credit Card Information**

Card Type:  Visa  MasterCard

Credit Card Number:

Expiration Date:  3 Digit Security Code:

**Card Holder's Name:**  
(as shown on credit card):

Card Holder's Billing Phone Number:

Card Holder's Street Address:

Card Holder's City, State and Zip Code: