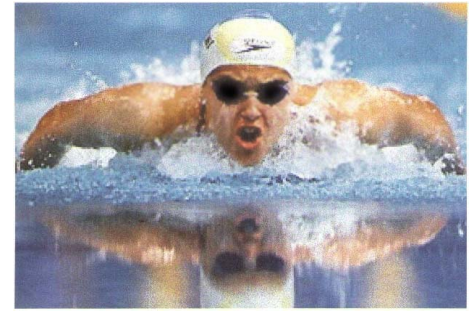




P.O. Box 433, Manchester WA 98353  
Tel: (360) 769-2530 Fax: (360) 871-6871  
Email: admin@tmisaltpure.com



## Certified Pool Operator® Training Course

*Is your pool operating at its peak?  
Is your pool operating safely?  
Do you want to be sure?*

**Now is the time to have a CPO®  
at your site**

State health codes specify that "Every pool shall be under the supervision of a person who is fully capable of and shall assume responsibility for, compliance with all the requirements relating to pool operation, maintenance and safety of bathers."

The **Certified Pool Operator®** course through the **National Swimming Pool Foundation** is a nationally recognized-training program for the commercial pool or spa operator. Successful completion of this two-day course gets the professional pool operator a five-year certification and permanent registration number. This certification demonstrates the pool operator understands how to safely operate and maintain the pool/spa at maximum efficiency.

Books and tests are available in other languages besides English if needed. Books are also available in Spanish, French and Russian. (Anybody needing a Russian book will need to be registered at least 6 weeks prior to the class date.) Tests are also available in Russian, Greek, Spanish, Chinese and French.

This two-day course benefits pool operators, supervisors, aquatic managers and directors alike. It includes all course materials, handouts, certification fees, and lunch for both days.

The fee is **\$385.00** per person and **\$330.00** for each additional person from your organization (fee includes Tax - 10%).

***Get the most from your pool or spa! Be safe; be clean; be efficient!***

We accept Visa/MC. Call Cathy with questions, or to book, at 360-769-2530. **All attendees must prepay.**

TMI CPO Course:

**March 14th and 15th, 2018**

**8:00 AM - 5:30 PM Both Days**

LOCATION:

**Muckleshoot Health Wellness Center  
17500 SE 392nd Street  
Auburn, WA 98092**

INSTRUCTOR:

**Cathy Erntson  
email: CPO@tmisaltpure.com**



**CPO® REGISTRATION FORM**

**Please fill out this side of the form for class attendees**

**Fax this application with Credit card details to: (360) 871-6871, email: CPO@tmisaltpure.com  
or mail completed application with check to: TMI, P.O. Box 433, Manchester WA 98353**

**Please bring your own calculator, pencil and notebook paper.**

COMPANY NAME: \_\_\_\_\_ Admin Contact Person: \_\_\_\_\_

Admin Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Class Attendee 1**    \$385.00     Veg     Non Veg

Attendee Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

**Additional Person #2**    \$330.00     Veg     Non Veg

Attendee Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

**Additional Person #3**    \$330.00     Veg     Non Veg

Attendee Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position:

**CUSTOMER PAYMENT INFORMATION**

**CREDIT CARD**    Credit Card #:      Visa     M/C     Amex

**Expiration Date**    MO    Year    3 Digit Code    Total :

**Billing Address:**    Street: \_\_\_\_\_

**\*for credit card**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check in Mail:**     (please mark if Check will be mailed.)    Amount Enclosed \_\_\_\_\_ # of people \_\_\_\_\_