

Red River College will be offering the Onsite Wastewater Management Systems Installers Certification Course. **APPLY EARLY** – class size will be limited.

Onsite Wastewater Management Installers
December 8 - 12, 2014
8:00 a.m. – 4:00 p.m.
Fee: \$1000.00 (No taxes)

Location: Red River College
2055 Notre Dame Avenue

Course Requirement: Minimum Grade 11 Math

Bring a calculator and pen with you to class. Parking, coffee and lunch will be provided. The fee includes the cost of your exam which will be written on the Friday afternoon.

Complete the attached registration form and return to Louise Wood no later than November 24, 2014 payment can be made on the first day of class. If you have any questions contact Louise directly.

Louise Wood
Administrative Officer
Red River College
Civil Engineering Technology
A1-31 2055 Notre Dame Avenue
Winnipeg, MB R3H 0J5
Tel: 204-632-3017
Fax: 204-633-6075

E-mail: lowood@rrc.ca

REGISTRATION

Technology Solutions for the Workplace

Please complete and fax, or email this registration form (one form per person) to the address below before the registration deadline, as indicated in the brochure.

Red River College / Civil Engineering Technology / A131-2055 Notre Dame Ave / Winnipeg, MB R3H 0J9 / Phone (204) 632-3017 / Fax (204) 633-6075

INQUIRIES

All inquiries related to course content and Instructors should be directed to: **Louise Wood** / email: lowood@rrc.ca / Phone (204) 632-3017 / Fax (204) 633-6075

PLEASE PRINT

Short Course Title _____ Email _____

First Name _____ Last Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Phone: Home _____ Cell _____ Work + ext. _____

SIN _____ Date of Birth _____ Sex: Male/Female _____

PAYMENT

Course Fee: Please refer to brochure for course fees. (Course fee includes lunches, parking, refreshments and course materials.)

Cheque enclosed (payable to Red River College)

Personal Card Master Card Visa Card Number _____ Expiration Date _____

Company Card Master Card Visa Card Number _____ Expiration Date _____

Authorized Signature _____

Please Invoice Complete below; please print **ALL SECTIONS MUST BE COMPLETED**

Contact Person _____

Company Name _____

Company Address _____

City _____ Province _____ Postal Code _____

Contact Phone _____ Ext _____ Contact Fax _____

Authorized Signature _____