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National Swimming Pool Foundation Certified Pool~Spa Operator® Registration Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

email address _____

Is this Mailing Address your: Workplace? or Home?

If this is your Workplace, please provide the name of your Organization or Facility:

Facility: _____

Desired Class City and Date (see reverse side): City _____ Date _____

Mail tuition fee to: Tropical Aquatics Marketing • PO Box 1886 • Dunedin, FL 34698

Standard CPO® Registration Fee is \$290.00

- Enclosed is a check or money order to cover the tuition fee for the One Day Fusion Certified Pool~Spa Operator® Class.

Make sure to include an email address. All confirming confirmation and suggested study-aids will be provided by email response.

- I wish to pay by credit or debit card to cover the tuition fee for the One-Day Fusion Certified Pool~Spa Operator® Class. I may attend the 2nd day of any scheduled 2-day Standard CPO® class or a 1-day Fusion CPO® class.

Credit Card Type: Master Card? or Visa? or American Express?

Card Number: _____

Expiration Date: _____

Name on Card: _____

Street Number and zip code to which billing is sent (Street number only, not street name)

Street Number: _____ Zip Code: _____

Authorization Signature: _____