

# CROSS CONNECTION CONTROLTESTER RETRAIN/RECERTIFICATION CLASS

Oregon Health Authority Approved

## PREREGISTRATION IS REQUIRED!!

COURSE: **XWET C003-21 Two-Day Tester Retrain/Recertification (1.2 CEUs)**

DATES: NOVEMBER 30-DECEMBER 1, 2017

TIME: 8 am – 4 pm

LOCATION: Clackamas Community College - Oregon City, Oregon – T150

COST: \$170.00 - **Please Note: There is a \$15 service charge for purchase orders.**

(REFUND POLICY: A full refund will be granted for all withdrawals requested for a class scheduled to meet one week or less if the refund is requested **PRIOR** to the beginning of the class.)

ATTENTION!! To avoid a \$15 billing charge please **MAKE SURE THAT THIS FORM DOES NOT BECOME SEPARATED FROM YOUR PAYMENT.**  
Thank you!

To pay by check or purchase order make payable to:

**Clackamas Community College - (attach form below with check or Purchase Order)**

Attn: Registrar ~ 19600 S. Molalla Avenue ~Oregon City, OR 97045

To register online with credit card:

1.. Go to:

<https://webadvise.clackamas.edu/WA32PROD/WebAdvisor?TOKENIDX=5463356084&type=M&constituency=WBCE&pid=COR E-WBCE>

2. Click on **Search for Classes/Workshops**

3. At **Course Code Number** (example, **SBM-008-05**) type **XWET**

4. Select the class by click the check box next to the course number

5. Click the **SUBMIT** button at the bottom of page

6. Complete registration (requires credit or debit card payment)

*If you have any issues with this process please contact Naomi at 503-594-3345.*



## QUICK ENTRY REGISTRATION

Term: FALL 2017

Birthdate (**REQUIRED**) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Mailing address \_\_\_\_\_  
Street
City
State
County
ZIP

Telephone \_\_\_\_\_  
Home
Cell
Work

CRS. Reg #	SECTION NO.	COURSE TITLE	CREDITS/ CEU	TIME								ROOM	START DATE	CRS. FEE
					M	T	W	TH	F	S				
277604	XWET- C003-21	2-DAY TESTER RETRAIN/RENEWAL	1.2	8AM - 350 PM						X		T150	11/3 0	\$170