



Working for Municipalities

2009 Water/Wastewater Training Request for Course Quote

Fax Completed Form to 905-795-2660

Contact Name:

Title:

Municipality:

Address:

City/Town:

Prov.

Postal Code

Bus. Telephone ()

Bus. Fax ()

E-mail:

Type of Training Required and Number of Trainees:

Water Quality Analyst
Number of participants _____

Wastewater Treatment III & IV
Number of participants _____

Water Treatment I & II
Number of participants _____

Water/Wastewater Communications &
Public Relations
Number of participants _____

Water Treatment III & IV
Number of participants _____

Water/Wastewater Personnel Organization
Number of participants _____

Wastewater Collection I & II
Number of participants _____

Risk Assessment of Water/Wastewater
Operations
Number of participants _____

Wastewater Collection III & IV
Number of participants _____

Municipal Water/Wastewater Legislation
Number of participants _____

Water Distribution & Supply I & II
Number of participants _____

Water/Wastewater Infrastructure
Maintenance, Rehabilitation & Renewal
Number of participants _____

Water Distribution & Supply III & IV
Number of participants _____

Wastewater Treatment I & II
Number of participants _____