



MSO provides continuing education opportunities to Missouri onsite wastewater professionals. Register early to save your seat! Contact our office with any questions. Phone: 417-631-4027

May 2, 2019

Selling the System to Fit the Site

Location: Camdenton, Camden County Courthouse

Full day class: 8:30 AM— 4:30 PM (break for lunch on-your-own)

General CEUs: 5.5; Select: Basic = 4.25, Advanced = 5.5, Inspectors = 1.0,

OSE = 4.5, Percolation Testers = 0.75

\_\_\_\_\_ Member price: \$105

\_\_\_\_\_ Non-member price: \$155

May 3, 2019

Aerated Treatment Units

Location: Camdenton, Camden County Courthouse

Full day class: 8:30 AM— 4:30 PM (break for lunch on-your-own)

General CEUs: 6; Select: Basic = 3.5, Advanced = 6, Inspectors = 3.5,

OSE = 0.5, Percolation Testers = 0.5

\_\_\_\_\_ Member price: \$105

\_\_\_\_\_ Non-member price: \$155

**Please send registration form and payment to MSO at least 2 weeks prior to your class!**

**Seminar Registration Guidelines (see complete guidelines on website):**

- Registrant is required to notify the Executive Director as early as possible of a cancellation
- Refund policy as follows (full refund policy available online):
  - Cancellation received more than 7 days prior to seminar, full refund
  - Cancellation received between 2-7 days prior to seminar, 50% refund
  - Cancellation received less than 2 days prior to seminar, Registrant forfeits class fee

## Registration Form

Yes! Sign me up for membership with MSO!

\_\_\_\_ Individual Membership at \$100

\_\_\_\_ Company Membership at \$350 (up to 4 people, \$70/person after 4)

\_\_\_\_ I would like a certificate of membership to display at my office.

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

Additional Members (Company Memberships only)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Check here if you want to be signed up for email updates on classes:** \_\_\_\_\_

I would prefer the quarterly newsletter by: \_\_\_email or \_\_\_mail

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

DHSS License Numbers:

Basic Installer: \_\_\_\_\_ Advanced Installer: \_\_\_\_\_

Inspector: \_\_\_\_\_ Onsite Soil Evaluator: \_\_\_\_\_ Perc. Tester: \_\_\_\_\_

**Pay online! [mosmallflows.org](http://mosmallflows.org)**

**Send form and payment to:**

Missouri Smallflows Organization

2733 E Battlefield #132

Springfield, MO 65804

Phone: (417) 631-4027

Fax: 1-800-340-7001

Email:

[contact@mosmallflows.org](mailto:contact@mosmallflows.org)

\_\_\_ Check here if card billing address same as above

Card #: \_\_\_\_\_

Exp: \_\_\_/\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Street Address: \_\_\_\_\_

\_\_\_\_\_

**Card Billing ZIP code:** \_\_\_\_\_