



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

Combo Class: Confined Space Entry & Inspecting Tanks and Lagoons

Location: Springfield, SI Precast

Date: October 27, 2021

Full day class: 8:00 AM—4:30 PM

Lunch provided

This class is presented in partnership with WOSSA.

DHSS General CEUs: 7

Select CEUs: Basic: 0, Advanced: 0, Inspector: 3, OSE: 0, Perc Tester: 0

_____ Member price: \$70

_____ Non-member price: \$125

**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 \$110

If you would like a Company Membership for 4 or more employees, please contact our office.

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

Name: _____

Company: _____

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

Send form and payment to:

Missouri Smallflows Organization

2733 E Battlefield #132

Springfield, MO 65804

Phone: (417) 631-4027

Email:

contact@mosmallflows.org

_____ Check here if card billing address same as above

We do not accept American Express.

Card #: _____

Exp: ___/___ CVV: _____

Name on Card: _____

Card Billing Street Address: _____

Card Billing ZIP code: _____