



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

Aerated Treatment Units

Location: Moberly, Randolph County Health Department

Date: April 12, 2023

Full day class: 8:30 AM—4:00 PM

DHSS General CEUs = 6

Select: Basic: 3.5, Advanced: 6, Inspectors: 3.5, OSE: 1, and Perc Tester: 1

_____ Member price: \$130

_____ Non-member price: \$200

**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 \$140

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

DNR WW Operator: _____

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: _____