



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: Camdenton, Mid-County Fire Department**

**Date: March 7, 2024**

Full day class: 8:30 AM—4:00 PM

DHSS General CEUs = 7

Select: Basic: , Advanced: , Inspector: , OSE:

\_\_\_\_\_ Member price: \$130

\_\_\_\_\_ Non-member price: \$200

**Drip Irrigation**

**Location: Camdenton, Mid-County Fire Department**

**Date: March 8, 2024**

Full day class: 8:30 AM—4:00 PM

DHSS General CEUs: 6

Select: Basic: 3.5, Advanced: 6, Inspector: 6, OSE: 3.5

\_\_\_\_\_ 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](http://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](mailto: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:** \_\_\_\_\_