ABPA

Peach State "1788" Georgia

PEACH STATE "1788" CHAPTER
AMERICAN BACKFLOW PREVENTION ASSOCIATION

BACKFLOW PREVENTER REPAIR TRAINING SEMINAR

American Backflow Prevention Association

STATE APPROVED CONTINUING EDUCATION CREDIT FOR TESTERS, OPERATORS, PROGRAM COORDINATORS AND PLUMBERS

DECEMBER 3, 2009 8:00 AM—4:00 PM

ETOWAH RIVER WATER TREATMENT FACILITY
583 COKERS CHAPEL ROAD
CANTON, GA 30114

4 Continuing Education Points for Operators and Coordinators

Hands On Training in Backflow Preventer Repair followed by Repair Rodeo with Prizes

FREE for Peach State "1788" Chapter Members
$90 for Non-Members*
*Registration fee includes membership in Peach State Chapter

6 Continuing Education Contact Hours for Testers and Plumbers

MANUFACTURER'S REPRESENTATIVES WILL BE PRESENT TO ANSWER QUESTIONS AND SHOWCASE PRODUCTS
American Backflow Products, Conbraco represented by Spotswood & Associates, Febco represented by Aqualine Sales, Ferguson Enterprises, Watts Georgia, Wilkins represented by Repco Sales

LUNCH AND REPAIR RODEO PRIZES PROVIDED BY FERGUSON a WOLSELEY company

Submit a copy of this registration form for each attendee

Fill out the registration form below, check the appropriate box, attach the registration fee, then:

Mail to: **Peach State "1788" Training Seminar** **or** **Fax to:** **(770) 819-8417**
3126 Veterans Memorial Hwy
Lithia Springs, GA 30122

Checks, money orders, credit cards and purchase orders (along with proper billing information) will be accepted. Make payable to Peach State "1788" Chapter and label "Training Seminar Registration Fee." Do not send cash. No refunds will be given for cancellations made after November 30, 2009. Call 770-941-7411 or email rmiller@theplumber.net with questions.

☐	**Registration for Chapter Members** Includes Lunch	**FREE**
☐	**Registration for Non-Members** Includes Membership in Peach State Chapter and National ABPA and Lunch	$90

Name of person attending: _____ Phone (____) _____

Company _____ Fax (____) _____

Address _____ Email Address _____

City _____ State _____ Zip _____ ABPA Membership # _____

Credit Card No. _____ Expiration Date _____

Name as it Appears on Card _____ Amount Enclosed $_____