



**Training Course Registration Form**  
**Please fax to 303-287-6175, Attention: Jim Stewart**

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Your Name (Print Clearly) Signature Date

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Course Name Course Date(s)

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Your Employer's Name

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Your Employer's Street Address

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City State Zip Code

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Telephone Number Fax Number E-Mail Address

Is this course for Water, Wastewater, Collection, Distribution, Industrial Wastewater or Supplemental Training Units (TUs) as granted by the State of Colorado?

Yes  No

Is this course provided at ESP or on your off-site location?

ESP  Off-site Location

If off-site, note address where this course was offered

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Method of payment:  PO # \_\_\_\_\_  Check # \_\_\_\_\_

Credit Card  \_\_\_\_\_  
Card Number Type Exp. Date