



Horizon CPO Certification Seminar Registration Form

To complete the registration process, please complete this form and mail, fax or e-mail the form and your payment. You can also call in to register. Please have the needed information on hand.
(Please fill out one registration form for each person)

Date: _____

Name: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Work Phone: _____

Email Address: _____

Please check this box if you would like all of your class information to be sent via email.

Please let us know where you heard about Horizon CPO Seminars:

- Horizon Mailer Horizon Email or Newsletter National Swimming Pool Foundation Website
- Horizon Catalog CPO Seminars Website Other: _____

Location	Dates	Class Code	Cost*

Total: _____

Registration is not complete until payment is received.

Payment Information

Please make checks out to: **Horizon CPO Seminars**

 Credit Card: Visa Mastercard AMEX Discover

*All credit card payments for CPO classes will incur an additional \$10 fee for each registration.

Card Number: _____ - _____ - _____ - _____

Exp. Date: _____

Card Holder Name: _____

Security Code: _____

Classes fill up quickly. Be sure to send in your registration and payment promptly.
No cancellations will be accepted after the registration deadline.

Horizon CPO Seminars

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