

OREGON ASSOCIATION OF WATER UTILITIES

935 N. Main St., Independence, OR 97351 • Phone: (503) 837-1212 • Fax: (503) 837-1213 • www.oawu.net

Developing Your Operations and Maintenance Manual

Date: March 5, 2012

Location: **Sunriver Resort
Great Hall**
17600 Center Dr
Sunriver, OR 97707

Please contact OAWU at (503) 837-1212 for a map to location or enter address online using your choice of a map locator web site.

CLASS MAXIMUM OF 40, REGISTER PROMPTLY!

Time: 9:00 a.m. – 4:00 p.m. Lunch 12:00-1:00

Cost: **\$150.00 - Thumb Drive with e-files included with class**

Description: This class will assist the water and wastewater system operator in outlining the specific points in developing the draft of the operations and maintenance manual. Step by step, each attendee will create their draft as it relates to their utility system during class, completing the document with a series of e-files at their home location.

CEUs: 0.6 CEUs for each hour (**0.6 total for class**) – Water & Wastewater CEUs/ ESAC # 2113

Instructor: Tim Tice, OAWU

REGISTRATION POLICY: OAWU reserves the right to cancel this class 7 days prior to class date for lack of registrations. **NO REFUNDS** will be issued and **REGISTRANTS WILL BE BILLED** who fail to attend and do not give a 7 days prior notice. **Don't miss your opportunity and sign up early.**

CONFIRMATION POLICY: Please keep a copy of your registration form as confirmation or contact OAWU at (503) 837-1212 to request a confirmation.

Mark your calendar for OAWU's 34th Annual Technical & Management Conference @ Sunriver March 5-9, 2012

OAWU Pre-Registration Form: **Developing Your O&M Manual**

web

Please choose class to attend: Albany, February 9, 2012 Sunriver, March 5, 2012

Name: _____ Water Cert. # _____ WW Cert. # _____ Position: _____

Name: _____ Water Cert. # _____ WW Cert. # _____ Position: _____

City/System Name: _____ Address _____

_____ City _____ State _____ Zip _____

System Phone _____ System E-mail _____

Cost: \$150.00 includes lunch and USB Thumb/Flash Drive with document e-files

Payment Enclosed Please Invoice P.O. # _____ Please charge: Visa MasterCard AMEX

Card # _____ Security card code _____ Card Expiration _____

Card billing address (Street # or PO Box #) _____ Zip _____

Fax receipt to fax # _____ Email receipt to _____

Mail receipt to address _____

Name on card: _____ Card Holder's Signature _____

Please return this form to OAWU, 935 N. Main St., Independence, OR 97351 or Fax: (503) 837-1213