

# Operator Certification Exam Registration Form

**July 16, 2019 - Clarion, PA**

*Deadline to Register: June 4, 2019\**

*\*Unless all seats are filled prior to deadline.*

**Applicant Information**

Full Name: (Please Print) \_\_\_\_\_

(ONE registration form per person. Photocopy this registration if registering multiple individuals)

System/Company Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PA DEP Client ID #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## EXAM Registration Payment (Conference Registration NOT included)

**Payment MUST be received by 6/4/2019**

**Exam Information:**  
July 16, 2019 at 9:00 a.m.  
Registration: 8:30 a.m.  
*Ramada by Wyndham  
45 Holiday Inn Road  
Clarion, PA 16214*

PRWA Member: **\$95.00**       Non-Member: **\$125.00**

**This cost does not include any additional charges billed by DEP.**

Company/System: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT:

Check (payable to PRWA)       Invoice Me

Credit Card:     Am Ex     Discover     Visa     MasterCard

Card Number: \_\_\_\_\_

Exp Date (mm/yy): \_\_\_\_\_ CVC (3 or 4 Digits on card) \_\_\_\_\_

Name On Card (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

*Signature shown on card*

**Amount Due:**

\$ \_\_\_\_\_

*Email is inherently insecure. Credit card information should not be emailed or sent in an attachment.*

**TO REGISTER: Return both PRWA & DEP Registration form to PRWA**

**Email: certexam@prwa.com Fax: (814) 353-9341 Mail: 138 W. Bishop St., Bellefonte PA 16823**