



# Horizon CPO Certification Seminar Registration Form

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

Date: \_\_\_\_\_

## Participant Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physical CPO Certificate from PHTA will be sent to the address provided.

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## Accounts Payable Contact Information:

Company or Property Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Purchase Order # (if applicable): \_\_\_\_\_

Location	Dates	Class Code	Cost*

**Registration is not complete until payment is received.**

## Payment Information:

Make check payable to:  
Horizon Seminars

Mail registration forms and checks to:  
4444 Round Lake Road West  
Arden Hills, MN 55112

Email forms to:  
seminars@horizonpoolsupply.com

Call us at 651-917-3075 with any questions or to register.

## Credit Card Payment Information:

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: \_\_\_\_\_