



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: _____