



Horizon CPO Certification Seminar Registration Form

Please fill out one registration form per participant.

All fields are required to be filled in correctly; incomplete forms will NOT be processed.

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*

When completed, e-mail or mail your form with your payment. Once your registration has been processed, all e-mails provided will receive a confirmation with a class information sheet and receipt (if payment was provided).

Payment Information:

Make check payable to:
Horizon Seminars

Credit Card Payment Information:

Credit Card: Visa Mastercard

AMEX Discover

Mail registration forms and checks to:

4444 Round Lake Road West
Arden Hills, MN 55112

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

E-mail forms to:

seminars@horizonpoolsupply.com

Card Number: _____ - _____ - _____ - _____

Exp. Date: _____

For questions, please e-mail:

seminars@horizonpoolsupply.com

Card Holder Name: _____

or call us at **651-917-3075, option 5.**