



**Saskatchewan Onsite Wastewater
MANAGEMENT ASSOCIATION**



March 26, 2012

Convention & Trade Show Update

The second annual convention and trade show was held on February 10, 2012 at the Radisson in Saskatoon. This one day event saw 75 onsite wastewater stakeholders visit the booths in the trade show, while about 40 of them stayed for the day and participated in industry presentations.

Delegates participated in sessions on bedding tanks, the Saskatchewan Subdivision Guidance Document, Soils Evaluation basics, the new Private Sewage Works Regulation, and how to sell the right system to the homeowner.

Following this event, the 2nd Annual General Meeting took place along with elections for the 2012 Advisory Committee. The members of the committee are:

Greg Plett, Chair
Dean Van Impe, Co-Chair
Krispin Zaleschuk, Secretary/Treasurer
Travis Wolfe, Director
Blaine Radics, Director

Other members wishing to be involved in helping plan events for the year were identified and will be asked to participate with training workshops and convention planning.

SOWMA would like to thank the following exhibitors for their support and sponsorship of this event:

Anderson Pump House Ltd	Pinnacle Environmental Technologies Inc.
EMCO Waterworks	Pre-Con Ltd.
Frontier Waterworks & Supply Ltd.	Wig's Pumps & Waterworks Ltd.
FRP Manufacturing	WD Industrial
JDB Installations Inc.	

The 2013 Convention & Trade Show is scheduled for March 15 in Regina.

1.877.489.7471 tf

www.sowma.ca

Pressure Distribution Refresher Training

With the installation season right around the corner, it is time to dust off your design and calculation skills for pressure distribution systems! This half day training course is designed for those who have completed the Onsite Wastewater Practitioner training and wish to review the process and calculations for designing pressure distribution.

Training Date:	April 20, 2012	Training Location:	Saskatoon (venue TBA)
Time:	1 p.m. to 4 p.m.	Registration Fee:	\$125.00 plus taxes—SOWMA members \$175.00 plus taxes—non-members

To Register, go online to www.sowma.ca or fill out the form below and fax it in:

Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

I would like my Training fees to be paid by credit card:

Card # _____ Expiry Date _____

Cardholder's name (PLEASE PRINT) _____

Cardholder's signature _____

I would like my Training fees to be paid by cheque:

Please make cheques out to: **SOWMA** and mail to: **324 Packham Avenue**
Saskatoon, SK
S7N 2T1

Upon receipt of your completed registration form, you will be sent the information on the location of the training site along with any other information required.

If you have any questions please contact the WCOWMA office at (877) 489-7471.

FAX registration form to: (780) 486-7414

Onsite Wastewater Practitioner Training—New Dates for Regina!

The Onsite Wastewater Practitioner Training Program is for those people wishing to obtain a PSDS Ticket in order to work in the Onsite Treatment System Industry. Successful certification in this program is required by Alberta Municipal Affairs in order to obtain or apply for a current PSDS Ticket. This program is also accepted in British Columbia under the New West Partnership (formerly TILMA), in Saskatchewan under the New West Partnership and in Manitoba under the Agreement on Internal Trade.

The Onsite Wastewater Practitioner Training Program is now a six-day course divided into two three-day sessions. You must complete all six days training successfully in order to receive certification.

The next available training session dates are:

Days 1 – 3	April 25, 26 & 27, 2012	Regina, SK
Days 4 – 6	May 9, 10 & 11, 2012	Regina, SK

If you are interested in this training session, please complete the registration form below and fax it back or go online at www.sowma.ca. Space in the training sessions is limited and is available on a first come, first served basis. Upon receipt of the completed form and payment for training, your course supplies will be sent to you for review prior to training.

A minimum class of fifteen paid participants is required in order for the class to take place.

Training fees must be received in our office prior to the course date. Cheques may be mailed to: SOWMA, 324 Packham Avenue, Saskatoon, SK S7N 2T1. Visa and Mastercard are also accepted.

Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	City: _____
Postal Code: _____	Email: _____

Full six-day program: SOWMA/WCOWMA Members	\$2447.00 + tax
Non-Members	\$2947.00 + tax

I would like my Training fees to be paid by credit card:

Card # _____ Expiry Date _____

Cardholder's name (PLEASE PRINT) _____

Cardholder's signature _____

If you have any questions please contact the WCOWMA office at (877) 489-7471.

FAX registration form to: (780) 486-7414

SOWMA Onsite Wastewater Management Association
Membership Application/Renewal

Name: _____

Company Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Bus. Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____

Please send member updates (check one) _____ by mail _____ by email _____ by fax

The services that I expect to receive through membership in the WCOWMA are (please number in order of importance from one to six):

_____ Advocacy _____ Training _____ Convention
_____ Communication _____ Business Services _____ Other (please specify)

Please list my contact information on the WCOWMA website _____

Corporate Membership \$300.00 _____

Please select your business category:

____ Installer ____ Designer
____ Pumper ____ Maintenance
____ Supplier
____ Regulator
____ Engineer
____ Other (list) _____

Signature _____ Date _____

Corporate memberships cover one owner and two employees. Corporate members receive all newsletters and publications, listing on the website business service discounts and discounted training and conference rates. Each corporation is allowed one vote at the Annual General Meeting.

Additional members:

1. _____

2. _____

GST does **not** apply to memberships

Check one: Please invoice me or Please bill my Visa/Mastercard:

Name of Cardholder: _____

Card Number: _____ expiry _____

Cardholder Signature: _____

FAX form to: (780) 486-7414