



**April 13, 2012**

Good afternoon,

This is a reminder about our upcoming training opportunities in Saskatchewan. They're coming up fast, so please make sure to register and save your place in our Pressure Distribution Refresher and/or our Onsite Wastewater Practitioner Training. These are both great opportunities to participate in before the installation season gets going. If you have any questions, please contact our office at: 1-877-489-7471.

### **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.

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

To Register, go online to [www.sowma.ca](http://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.

**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](http://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: \_\_\_\_\_

<b>Full six-day program:</b> 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 WCOVMA 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 WCOVMA website \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Corporate Membership \$300.00 \_\_\_\_\_

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.

Please select your business category:

\_\_\_\_\_ Installer \_\_\_\_\_ Designer
\_\_\_\_\_ Pumper \_\_\_\_\_ Maintenance
\_\_\_\_\_ Supplier
\_\_\_\_\_ Regulator
\_\_\_\_\_ Engineer
\_\_\_\_\_ Other (list) \_\_\_\_\_

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