

Contact Hour Application

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|---|--|
| Print Name: | |
| Email: (Where you want your certificate emailed) | |
| Company: | |
| Mailing Address: <input type="checkbox"/> Work <input type="checkbox"/> Home | |
| City, State, Zip | |
| Phone Number <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell | |
| Title of Event: | |
| Date of Event: | |
| Location of Event: | |

Contact Hour Rules

In order to be awarded contact hours, the following criteria must be met:

- Attendance verification is critical. Please make sure that you check (sign or scan) in and out at your location. IF YOUR ATTENDANCE CAN NOT BE VERIFIED YOU WILL BE UNABLE TO EARN CONTACT HOURS.**
- You must be in attendance for the **full time** in order to be awarded **full credit**. Some credit may be awarded pro-rated.
- Certificates will be **emailed** to the address provided on the Contact Hour Application upon confirmation of attendance.
- Documentation that is submitted incomplete will cause delays in receiving a certificate.
- Contact hours will require an additional payment of \$20.00 in addition to your registration fees. If you are an individual member of AWWA – your contact hours are free.** If payment and proper paperwork is not received, you will not be awarded a certificate.
- Please be advised: It may take up to 30 days to process and issue Contact Hour certificates.**
- Contact Hours will not be processed until the Section office receives this completed form.

My signature below indicates that I have read and understand the rules pertaining to CA-NV AWWA’s Water College policy for issuing contact hours. I understand I am responsible for my badge identification; it is not to be used by any other individual than myself. I am also responsible for having my badge scanned for attendance verification. Should I misrepresent myself or provide fraudulent information to CA-NV AWWA’s Water College it will result in the revocation of any contact hours awarded. I understand that upon request I may be asked to provide government issued identification for verification purposes. I understand that hours advertised by the CA-NV AWWA are only an estimate and final hours are determined upon an audit of my record. I understand that all fees related to contact hours are **non-refundable**.

Signature

Date

Contact Hours will not be processed until the Section office receives this completed form. Thank you.

Please complete payment portion to the right if you have not already paid for Contact Hours.

| | |
|---|-------------------------|
| PAYMENT METHOD (Make check payable, in U.S. funds, to CA-NV-AWWA) | |
| Check # _____ | PO# _____ |
| <i>Must be accompanied by a physical copy of the Purchase Order</i> | |
| Credit Card (Please Circle): VISA MC AMEX | EXP. DATE: _____ |
| Credit Card #: _____ | |
| Name on Card: _____ | V-Code: _____ |
| Authorized Signature: _____ | |
| Billing Zip Code: _____ | |
| <small>(Must be Zip Code in which your credit card statement is mailed)</small> | |
| For a copy of your receipt, please enter email address: | |

