



North Carolina April to Sept'26 WW & DW Webinar Registration

All webinars are approved by NCDEQ for both (B) Drinking Water and Wastewater Contact Hours

6 Hour Webinars

8 AM to 3:45 PM EST		\$195 each
Date	Class Title	Approval
___ 4/16	Environmental Toxicology	B
___ 4/23	Lab Analysis	B
___ 4/28	Coagulation & Flocculation	B
___ 5/7	Treatment Problem Solving	B
___ 5/12	Pump Troubleshooting	B
___ 5/14	Treatment System Analysis	B
___ 5/19	Fifty Rules of Treatment	B
___ 5/21	Electrical Troubleshooting	B
___ 5/28	Water Chemistry	B
___ 6/2	R.O. & Ion Exchange	B
___ 6/4	Treatment Hydraulics	B
___ 6/11	Treatment Chemistry	B
___ 6/18	Environmental Toxicology	B
___ 7/23	Lab Analysis	B
___ 7/28	Coagulation & Flocculation	B
___ 8/13	Motor Troubleshooting	B
___ 8/20	Fifty Rules of Treatment	B
___ 8/25	Treatment System Analysis	B
___ 8/27	Electrical Troubleshooting	B
___ 9/1	Water Chemistry	B
___ 9/3	Treatment Problem Solving	B
___ 9/10	Environmental Toxicology	B
___ 9/15	R.O. & Ion Exchange	B
___ 9/17	Pump Troubleshooting	B
___ 9/24	Treatment Hydraulics	B
___ 9/29	Treatment Chemistry	B

3 Hour Webinars

9 AM to 12:15 PM EST		\$115 each
Date	Class Title	Approval
___ 4/29	Reverse Osmosis	B
___ 5/13	Treatment Reactions	B
___ 5/20	Problems, Patterns, & Treatment	B
___ 6/17	Motor Basics	B
___ 9/2	Coagulation	B
___ 9/16	Elements of Treatment	B
___ 9/30	Pump & Motor Systems	B

2 Hour Webinars

9 AM to 11:15 AM EST		\$75 each
Date	Class Title	Approval
___ 4/17	Jar Testing	B
___ 4/24	Microplastics	B
___ 5/8	PFAS	B
___ 5/29	Filtration	B
___ 6/12	Activated Carbon	B
___ 9/25	Jar Testing	B

2 Hour Management Webinars

1 PM to 3:15 PM EST		\$75 each
Date	Class Title	Approval
___ 4/17	Effective Communication	B
___ 4/24	Lessons in Leadership	B
___ 5/8	Environmental Ethics	B
___ 5/29	Time Management	B
___ 6/12	Learning to Listen	B
___ 9/25	Effective Communication	B

Name _____ Cell Phone _____
 email _____ Work Phone _____
 Check NC License(s): WW DW Not Licensed Other State Licenses _____
 Employer _____ Cost _____ P.O. Number _____
 Billing Address _____ City _____ State _____ Zip Code _____
 Visa MC AMEX Discover Card # _____
 Exp. Date _____ Street # _____ Zip Code _____ CVV Number _____