

# Atlantic Solutions

125 North Chatham Parkway  
Chapel Hill, NC 27517



PHONE: (919) 933-4250  
1-800-476-0895  
FAX: (919) 968-8718

At  
Millennium Hotel Durham  
2800 Campus Walk Avenue  
Durham, NC 27705

**TO ENROLL:** Complete a copy of this registration form for each student and return to our office ASAP. The completed registration form(s) may be faxed, mailed or emailed. *If you do not receive faxed/emailed confirmation, please contact [Lena@asncinc.com](mailto:Lena@asncinc.com) to confirm that we received it.*

**DATE:** Tuesday, March 24<sup>th</sup>, 2020 from 8:30am – 4:30pm and Wednesday, March 25<sup>th</sup>, 2020, from 8:30am until the test is finished (between 12pm – 4pm).

*Please bring the following items with you: Pencils/Pens, Hi-Lighters, Note Paper, Calculator and Picture ID. You MUST have these items with you!*

Course covers the following topics:

- |                                 |                                  |
|---------------------------------|----------------------------------|
| *Local & State pool regulations | *Facility management             |
| *Pool Calculations              | *Disease & accident prevention   |
| *Water Chemistry                | *Spas & hot tubs                 |
| *Filtration & recirculation     | *Maint. & operational techniques |

**FEES:** \$280 for Current Customers  
\$310 for Non Current Customers

*Fee includes: Book, Hand-Outs, Study Guide and Certification Fee*

Pool Math Workbook Fee: \$19.95, plus tax(Optional)

\_\_\_\_\_ Check here if you wish to order the optional workbook which focuses solely on making swimming pool and spa calculations easier

### PAYMENT METHOD

*Please select*

\_\_\_\_\_ Check (Please mail to 125 N. Chatham Parkway Chapel Hill NC 27517)

\_\_\_\_\_ Charge to Visa/Mastercard (Please call our office to provide information)

\_\_\_\_\_ Invoice (For existing Atlantic Solutions customers)

Please check one: First time student \_\_\_\_\_ Recertification \_\_\_\_\_ Re-test \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: \_\_\_\_\_ Mark here if you need a Spanish Handbook.

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