



**Long Island Liquid Waste Association, Inc.**

P.O. Box 2667  
Lake Ronkonkoma, N.Y. 11779  
Tel: (631) 585-0448 Fax: (631) 585-0262 E-mail: [info@lilwa.org](mailto:info@lilwa.org)

**Registration for LILWA Certification Training Seminar and Testing**

Please Print Clearly

Required fields are marked with an asterisk (\*)

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\_\_\_\_\_ \*Phone \_\_\_\_\_

Company \_\_\_\_\_ \* Email \_\_\_\_\_

Nassau Septic License No. \_\_\_\_\_

Suffolk Septic License No. \_\_\_\_\_ Renewal Date \_\_\_\_\_

**Reserve early seating is Limited - We fill requests on a first come first serve basis**

Location H. Lee Dennison Building, Room 182 Ground Floor South Entrance 100 Veterans Memorial Highway Hauppauge, NY 11788

**\*Training Session**

**February 12, 2018**

**May 7, 2018**

**August 6, 2018**

**November 14, 2018**

Morning 9am-12noon

Morning 9am-12noon

Morning 9am-12noon

Morning 9am-12noon

Afternoon 1pm-3pm

Afternoon 1pm-3pm

Afternoon 1pm-3pm

Afternoon 1pm-3pm

Fee: \$100 per registrant.

***Separate registration required for each attendee***

**\*Payment**

Check enclosed \$ \_\_\_\_\_ (Checks should be made payable to LILWA)

Charge my credit card \$ \_\_\_\_\_ 

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CRV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Mail your remittance along with this form to the LILWA office at the above address. No one will be admitted to the certification unless this form has been received and all fees have been paid.

I hereby certify that the information herein is complete and accurate. You will receive receipt and confirmation by email.

X \_\_\_\_\_

Signature

Date