



Chemical Feed Pumps

(Two dates and two locations)

Date: Wednesday, February 14, 2018

Location: Jaffrey Fire Department, 138 Turnpike Road, Jaffrey, NH 03452

Date: Wednesday, October 17, 2018

Location: Presby Environmental Training Center, 143 Airport Road, Whitefield, NH 03598

Time: 9:00am – 3:00pm (*Registration begins at 8:45am*)

Credit: 5 TCH's will be awarded to those who attend 100% of the course.
NH DES water & wastewater credit approved.

Cost: **\$80 Members, \$105 Non-members. Lunch included.**

Instructors: Dave Harris (Ti-Sales), Danny Smith (Maltz Sales Company)

Agenda: This day-long training will cover the topics of:

- Category of Pumps
- Metering Pump Types & Common Terminology
- Peristaltic Metering Pump Overview
- Hydraulically Backed Diaphragm Pump Overview
- Motor Driven Metering Pump Overview
- Solenoid Metering Pump Overview
- Applications
- Proper Pump Selection
- Repairs & Spare Parts Overview

Registration: There are three ways to register: register and pay on our website:

www.granitestatewater.org. Fill out this form and mail it with your payment to GSRWA, PO Box 596, Walpole, NH 03608; or fill out this form, request to be billed and fax it to (603) 756-3675.

Cancellation Policy: If you need to cancel, please contact GSRWA in writing at least three business days prior to the day of the course, or be charged a \$30 late cancellation fee. If you do not attend the course and do not contact GSRWA, you will be charged a "No Show" fee equal to the original course registration fee. The No Show fee is non-refundable and non-transferable. Written request for refunds/credits will be considered for special circumstances provided that the request is received within two weeks of the training date.

PAYMENT MUST BE RECEIVED IN FULL PRIOR TO CLASS. NO WALK-INS PLEASE.

Any Questions, please call (603) 756-3670 x 4.

Note: Please refer to our website for the most current information.



Training Class Registration Form

Class Name: Chemical Feed Pumps

Class Date: Circle one: 2/14/18 or 10/17/18

System/Business: _____

Address: _____

City, State, Zip: _____

Business #: _____

1) Name of Attendee: _____

Attendee Cell Phone: (____) _____
(In case of last minute changes/cancellation due to weather)

Attendee E-mail: _____
(For reminder's and in case of last minute changes/cancellation due to weather)

2) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

3) Name of Attendee: _____

Attendee Cell Phone: (____) _____

Attendee E-mail: _____

Payment Information:

attending _____ X member rate \$ 80 = total \$ _____

attending _____ X nonmember rate \$ 105 = total \$ _____

Total Amount Enclosed = \$ _____

Send me a bill (check here) _____ PO # _____

Mail or fax this form to: GSRWA PO Box 596, Walpole, NH 03608 Tel 603-756-3670
Fax 603-756-3675