

Southern Indiana Stormwater Advisory Committee
Qualified Professional Inspector Training Course
REGISTRATION FORM

Name: _____

Company Name: _____

Address: _____

Phone Number: _____
Work Cell

Email Address: _____
(If Available)

Course Fee: \$250 (Check Only, made payable to Clark County SWCD)
(Check must be included with registration form)

The training manual and course materials will be provided to registered individuals on the day of the class. Lunch will be provided to attendees and is included in the cost of the course.

Local government employee or SWAC member? Yes No

If yes, specify affiliation: _____
(Course fee waived for local government employees and SWAC members)

Attending Class: Yes No

Test Format: Online Paper

MAIL FORM TO: Stantec Consulting Services Inc.
1901 Nelson Miller Parkway
Louisville, Kentucky 40223

FOR INQUIRIES CALL: (502) 212-5000

OR EMAIL: kevin.bruce@stantec.com

Upon completion of the course, do you want your contact information included in a list of Certified QPIs to be made available to local contractors?

Yes No

(Office Use Only)

Date Application Received: _____

Registrant Notification Date: _____

Registration Confirmation # _____

