



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Advanced Day Agenda

Wednesday, March 30, 2022 in Raleigh, NC

Asset Investment – Maintenance & Rehabilitation

EXHIBIT HALL OPEN FROM 8:00AM - 4:00PM

Session 1

8:30am-9:15am Water & Wastewater Industry - Current Status

9:15am-10:00am Financial Thoughts

Exhibit Hall Break/Networking: 10:00-10:30

Session 2

10:30am-11:15am Assets: Steel & Concrete Structure Program

11:15am-12:00noon Assets: Condition Assessment Program

Awards Banquet Luncheon – Provided on Site 12:00 – 1:00

Session 3

1:00pm-1:45pm Coatings

1:45pm-2:30pm Concrete Rehabilitation

Exhibit Hall Break/Networking: 2:30-3:00

Session 4

3:00pm-3:45pm Steel Tank Case Study

3:45pm-4:30pm Concrete Structure Case Study

Agenda is tentative and could be subject to change.

This class has been pre-approved for 6 contact hours for drinking water and/or wastewater certification.

HOTEL ACCOMMODATIONS

A block of rooms has been reserved in the name of the North Carolina Waterworks Operators School at the Holiday Inn Express & Suites and the TownePlace Suites by Marriott. Be sure to tell reservations that you will be attending the NC Waterworks Operators School.

Holiday Inn Express & Suites

3741 Thistledown Drive Raleigh, NC 27606

Phone: 919-854-0001

Limited Number of Rooms Blocked – Special
Group Rates - **Deadline March 7, 2022**

To make reservations, your guests can call
919-854-0001 ext 1 or 1-800-HOLIDAY. Guests
should request group code W01 or group title
NCWOA Group Block

\$115 for standard King/Double Queen rooms

\$145 for King/Double Queen suites

Plus 13.25% tax

TownePlace Suites by Marriott

3771 Thistledown Drive Raleigh, NC 27606

Phone: 984-300-1410

Limited Number of Rooms Blocked – Special
Group Rates - NCWOA Spring Group Block -

Deadline March 7, 2022

\$135 for studio King suite

\$145 for studio 2 Queen suite

Plus 13.25% tax

Special Note: A hotel authorization form must be completed and returned to the Holiday Inn Express for guests that will not be physically traveling with their company/organization credit card.



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Spring School Advanced Day Registration Form

RECEIVED ON OR BEFORE MARCH 16, 2022

Please Print or Type

NAME (First, Middle, Last): _____

NICK NAME for TAG: _____ SOCIAL SECURITY #: XX-XXX-_____

EMPLOYER / ORGANIZATION: _____

ADDRESS FOR CONFIRMATION & MAP: _____

CITY: _____ STATE _____ ZIP _____ COUNTY: _____

WORK PHONE: _____ EXT: _____ FAX: _____

ATTENDEE'S EMAIL: _____

(Be sure to include if you would like access to NCWOA Moodle On-line supplement. Moodle log in and instructions will be sent to this email address.)

By registering for this training event, you acknowledge that you have read and understand NCWOA's Code of Ethics statement which can be found at www.ncwoa.com

ATTENDEE'S INDIVIDUAL NCWOA MEMBER # (must be included to be eligible for member rate): _____

NC WATER TREATMENT CERTIFICATE TYPE PRESENTLY HELD:

☐ AW ☐ BW ☐ CW ☐ DW ☐ AS ☐ BS ☐ CS
☐ AD ☐ BD ☐ CD ☐ DD ☐ CC/BF ☐ NONE YET

NC WATER TREATMENT CERTIFICATE # (OPERATOR ID #): _____

WASTEWATER CERTIFICATION # _____

PLEASE CHECK WHICH CLASS YOU ARE REGISTERING FOR AND CIRCLE RATE:

CLASS TITLE

NCWOA MEMBER RATE

NON-MEMBER RATE

☐ Advanced Day (Wednesday) \$ 120.00 \$ 180.00

By Credit Card: ____ Visa ____ MC ____ Am Ex ____ Discover

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: Month ____ Year ____ Security Code from back of card: _____

Cardholder Signature: _____

PLEASE SEND APPLICATION AND PAYMENT TO:

Heather Cagle, NCWOA
PO Box 5466, High Point, NC 27262
Phone: 252-764-2094 ext 1
Fax: 252-764-2095
Email: heather@ncwoa.com

If cardholder is other than attendee, what email address should the CC receipt be sent to? _____
To ensure that you receive the emailed receipt, please add heather@ncwoa.com to your email address book.

NCWOA USE: Amount _____ CK# _____ E S Processed _____



North Carolina Waterworks Operators Association MEMBERSHIP APPLICATION

MISSION STATEMENT: To provide knowledge, skills & educational opportunities for drinking water professionals; develop working relationships with other water treatment organizations; project a positive image and communicate the importance of safe drinking water.

NEW OR RENEWAL MEMBERSHIP APPLICATION – ANNUAL DUES \$50.00 for 2022

First Name: _____ Middle Initial: _____ Last Name: _____

Nick Name: _____ Social Security #: XX-XXX-_____ If Renewal, what is your NCWOA Member #: _____

YOUR Individual Operator Certification #: (Issued by NCWTFOCB) _____

Certificate(s) Held:

____ A-Surface ____ B-Surface ____ C-Surface ____ A-Well ____ B-Well ____ C-Well ____ D-Well

____ A-Dist ____ B-Dist ____ C-Dist ____ D-Dist ____ Cross-Connection

____ Wastewater #'s

____ None Yet ____ You Are Not an Operator & Do Not Plan to Become Certified.

PLEASE SELECT YOUR PREFERRED ADDRESS (This is where confirmations & membership info will be sent.)

____ Home Address: _____

City: _____ State _____ Zip _____ County: _____

____ Employer Name: _____

MAILING Address: _____

City: _____ State _____ Zip _____ County: _____

Work Phone: _____ Ext: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How would you like to receive your issues of Go With The Flow? Email _____ or Postal Delivery _____

How would you like to receive your Section Meeting notices? Email _____ or Postal Delivery _____

***NOTE:** Memberships are based upon a calendar year. Membership cards will be mailed with receipt. These cards will contain your name, membership number, and membership expiration date.

****NOTE:** Please make checks payable to: "North Carolina Waterworks Operators' Association" or "NCWOA". We accept Checks, Cash, Money Orders or Credit Card. We do NOT accept Purchase Orders. Credit Card payments may be mailed or faxed.

By Credit Card: ____ Visa ____ MC ____ Am Ex ____ Discover

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: Month ____ Year ____ Security Code from back of card: _____

Cardholder Signature: _____

PLEASE SEND APPLICATION AND PAYMENT TO:

Heather Cagle, NCWOA
PO Box 5466, High Point, NC 27262
Phone: 252-764-2094 ext 1
Fax: 252-764-2095
Email: heather@ncwoa.com

If cardholder is other than member, what email address should the CC receipt be sent to? _____
To ensure that you receive the emailed receipt, please add heather@ncwoa.com to your email address book.

NCWOA USE: Amount _____ CK# _____ E S Processed _____