

**Drinking Water Bacteriological Laboratory Workshop**  
*Addison-Evans Water Production and Laboratory Facility*  
*Midlothian, VA • October 29-31, 2002*

**APPLICATION FORM**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Amount Enclosed \$ \_\_\_\_\_ AWWA Memb. No. \_\_\_\_\_

**MAKE CHECKS PAYABLE TO *Advanced operators Short Schools***

1 Name & number of your certified laboratory: \_\_\_\_\_

2 Describe your job duties: \_\_\_\_\_

3 Circle waterworks operator license (if any)  
W- 1 2 3 4 5 None

4 Which total coliform test(s) does your lab use?

- Membrane Filter Test
- Presence-Absence Test
- Colilert Test
- Colisure Test
- Fermentation Test
- mColiBlue 24 Test

5 Does your lab do the Heterotrophic (Standard) Plate Count?  Yes  No

6 How many drinking water coliform compliance samples does your lab process each month? \_\_\_\_\_

Registrations will be acknowledged no later than October 11, 2002 by fax. Applications will not be considered unless all requested information is provided and *full payment* accompanies this form. One person per laboratory, please. *No telephone registrations will be accepted.*

Registration fee: **\$175** (AWWA Member)  
**\$215** (Non-Member)

Application deadline: **October 4, 2002**

Check *must* accompany application. Make check payable to:

***Advanced Short Schools***

Mail to: Advanced Operator Short Schools  
P.O. Box 71  
Richmond, VA 23218-0071