



2019 Water Clinic Registration Form

\$60 kit fee

Please print, read, and complete all requested information

Name: _____

Mailing Address: _____

County: _____ Email: _____

Phone: Home: _____ Cell _____

_____ I will pick up my test kit at the Spotsylvania Virginia Cooperative Extension (VCE) office August 5 – 9. The VCE Office is located at 8800 Courthouse Road, Spotsylvania, VA 22553 in The Marshall Center on the 1st floor.

Water Sample Collection - "How to collect my water sample video" needs to be viewed:

_____ I will watch the video on my own <http://www.wellwater.bse.vt.edu> click on Well Water Testing, and then sample collection

_____ I would like to watch the water collection sample video at the Spotsylvania VCE office when I pick up my sample kit.

I will drop off my water sample on August 14 at the:

_____ Spotsylvania VCE office, The Marshall Center, 8800 Courthouse Rd between 7AM - 8AM

(In the front loop of the building)

_____ Stafford VCE office, The Rowser Building, 1739 Jefferson Davis Hwy, Stafford between 7AM - 8AM

_____ I will attend the 6:30 PM results interpretation meeting at The Marshall Center on September 12 in the Ray Simms Conference Room located on the 1st floor.

Make check payable in the amount of \$60 to Treasurer of Virginia Tech and mail to:

**Well Water Clinic
VCE - Spotsylvania
P.O. Box 95
Spotsylvania, VA 22553**

DO NOT DELAY ...

There is a limited number of kits – first come, first serve, no reserve. Payment must accompany registration form.

There is a \$50 returned check fee.

Questions, please call 540-507-7570.

Fees are not refundable.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact April Payne at 540-507-7568 during business hours of 8 a.m. and 4:30 p.m. to discuss accommodations 5 days prior to the event. *TDD number is (800) 828-1120.

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<i>Office Use Only</i> Amount: \$60 Check #: _____ Cash _____ Receipt _____
