Emergency Response, Preparedness & Mutual Aid

Date: March 19, 2013

Location: Conway Village Fire Dept., 97 Main St. Conway, NH

Time: 8:00 AM – 3:00 PM (Registration begins at 7:45 AM, lunch ½ hour)

Credit: 6.0 TCH’s will be awarded to those who attend 100% of the course. Water & Wastewater credit approved. NH DES Category approved for; Safety.

Cost: $88 Members, $118 Non-members.

$66 Members, $88 Non-members. Lunch included. Due to grant funding from the U.S. Environmental Protection Agency we are able to provide this training at a 25% discount.

Instructor(s): Johnna McKenna, Drinking Water Emergency Planning/Security Program

Agenda:
Extreme weather events are becoming the norm in NH and all across the country. In NH we have experienced hurricanes, floods, earthquakes, tornadoes, and the usual winter weather. With that in mind, it continues to be important for both water and wastewater utilities to prepare, respond and recover. This class will provide discussions on emergency planning, funding opportunities, physical and cyber security, documentation, mutual aid, damage assessments, training and tools to improve your resiliency to all types of hazards. While we can’t prevent or avoid some of these emergency events we can improve how we manage through them.

Items to be covered in class:

- mutual aid
- emergency plans and response
- damage assessments
- hazard mitigation & federal disaster funding
- cyber security

Registration: There are two ways to register: by internet or by mail. To register by internet and pay using PayPal go to our website: www.granitestatewater.org

To register by mail fill in the attached form and mail it with your payment to:
GSRWA, PO Box 596, Walpole, NH 03608

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 contact Shelly Daniels-Marcoux at (603) 756-3670 x 3

Note: The information provided is subject to change; please refer to our website for current up to date information.
Training Class Registration Form

Class Name: ____________________________________________________________

Class Date: ____________________________________________________________

System/Business: ________________________________________________________

Address: __________________________________________________________________________

City, State, Zip: _____________________________________________________________

Business #: ________________________________

Fax #: ________________________________

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)

Operator ID#: __________________________________________________________________

2) Name of Attendee: _______________________________________________________

Attendee Cell Phone: (____) ________________________________

Attendee E-mail: _____________________________________________________________

Operator ID#: __________________________________________________________________

3) Name of Attendee: _______________________________________________________

Attendee Cell Phone: (____) ________________________________

Attendee E-mail: _____________________________________________________________

Operator ID#: __________________________________________________________________

Send me a bill (check here) ______________ PO #________________________

_______ @ $________ Member Rate = $________

_______ @ $________ Non-Member Rate = $_____

Total Amount Enclosed = $________________________

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Register online: www.granitestatewater.org or mail/fax/email this form to:
GSRWA PO Box 596, Walpole, NH 03608 Tel 603-756-3670 Fax 603-756-3675 info@granitestatewater.org