



**Third Party Payment  
& Registration Form**  
*1 form per student registration*

DMACC requires complete participant information to ensure that college documents (including transcripts, certificates etc) will be accurately attributed to the correct student record. Complete information will help prevent ID duplication and is required in state reporting purposes. Information is not available to the public & will not be shared.

**Section 1 – Student Personal Information** *(all information is required)* DNR Operator #: \_\_\_\_\_  
(N/A if none)

Name \_\_\_\_\_ Social Security \_\_\_\_\_  
*Last First M Initial or DMACC ID #*

Home Address \_\_\_\_\_  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_  cell  work

Email: \_\_\_\_\_ Eve. Phone \_\_\_\_\_  cell  home  
*Please print email legibly, especially an underscore \_ or dash -*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ U.S. Citizen  Yes  No Iowa Resident  Yes  No Are you Hispanic/Latino  Yes  No  
Ethnicity/Race:  Am. Indian or Alaskan Native  Asian  Black or African Am.  Native Hawaiian or Pacific Islander  White

**Section 2 – Course Information** (CRN# is required) If applicable, I prefer to attend the live stream/virtual class \_\_\_\_\_

CRN# \_\_\_\_\_ Course Number \_\_\_\_\_ Title \_\_\_\_\_ Course Date \_\_\_\_\_  
CRN# \_\_\_\_\_ Course Number \_\_\_\_\_ Title \_\_\_\_\_ Course Date \_\_\_\_\_  
CRN# \_\_\_\_\_ Course Number \_\_\_\_\_ Title \_\_\_\_\_ Course Date \_\_\_\_\_

**Student Authorization of Enrollment – for credit course(s)**

NOTE: CREDIT students must have been *accepted* to DMACC through the Admissions Office *prior* to being allowed to register in a CREDIT course. I understand that I am enrolling in credit course(s) listed above. An official DMACC transcript will be generated and become part of my permanent academic record.

Student Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Check if student was previously enrolled in the credit course listed above.

**Section 3 – Cancellation Policy**

Students, unable to attend this course(s) or exam, must call the Registration Office at least 48 hours (business days) before the start date/time to either exchange for a different section or request a refund. Registration staff can be reached at **515-964-6800** Monday through Thursday from 7:30 am to 8:00 pm. and on Friday from 7:30 am to 4:00 pm.

**Section 4 – Billing Information**

Please bill the following party for related tuition and fees:

Agency/Company \_\_\_\_\_ Department \_\_\_\_\_  
Billing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Agency/Company Contact Authorization:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Email Address \_\_\_\_\_  
Signature Authorization \_\_\_\_\_ Date \_\_\_\_\_

**Please email completed form to the DMACC Registration Office at [registration@dmacc.edu](mailto:registration@dmacc.edu)**

Des Moines Area Community College (DMACC) shall not engage in nor allow discrimination covered by law against any person, group or organization. This includes programs, activities, employment practices, hiring practices or the provision of services. The full DMACC Nondiscrimination policy is available online at <https://nd.dmacc.edu>.  
Revised: 10/ 2020

**ALL IOWA CONFERENCE FOR WATER AND WASTEWATER PROFESSIONALS**

**July 7-8, 2026**

**Select your operator role. \***

Water Treatment     Water Distribution     Wastewater  
 Wastewater Collections     Management     Engineer     Other

**Select the days you will attend. \***

July 7, 2026     July 8, 2026

**Select the days you will be eating lunch. \***

July 7, 2026     July 8, 2026

**Do you plan to attend the July 8, 2026 tour of the Des Moines wastewater treatment plant? \***

Yes - I will be on the tour.     No - I will not be going.

**Select how you want your CEU allocated: 1 CEU available.  
If using CEUs for multiple certifications, CEUS must be split \***

No. CEUs for Water Treatment \_\_\_\_\_    No. CEUs for Water Distribution \_\_\_\_\_  
No. CEUs for Wastewater Treatment \_\_\_\_\_    No. CEUs for Wastewater Collections \_\_\_\_\_

**I would like to receive emails about upcoming continuing education schedules and classes. \***

Yes     No

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**Wastewater Collection System Operator Certification Exam Registration  
July 6, 2026**

**Are you currently certified by the DNR for water or wastewater or by the IAWEA for collection systems?     Yes     No**

**Provide your IAWE Collection Systems Certification Number (enter NONE if not certified with IAWEA): \_\_\_\_\_**

**Select the Collection Grade Exam you plan to take:**

Grade 1     Grade 2     Grade 3     Grade 4

**I agree the information provided is true and accurate.     Yes     No**

**I would like to receive emails about upcoming continuing education schedules and classes. \***

Yes     No