



Alliance of Indiana Rural Water is pleased to offer training for Indiana's Water and Wastewater Professionals.

Join us for the class:

## Comprehensive Rates - Strategies & Structures

So you need to increase rates? Learn insightful steps for this process from system sustainability, choosing a proper rate structure, public communication, and review after implementation. This class will discuss many of the difficulties in dealing with councils, boards and the public. It also takes into consideration reasonable debt service, community demographics, and economy to establish fair and equitable water rates.

In preparation for this class, attendees are encouraged to bring their current or past water or wastewater budget to reinforce and apply information presented in class.



**Course Instructor: Don VanVeldhuizen— USA Bluebook**

**Class Meets: 9am - 3pm (local time)**

**Cost: \$125 members / \$155 non-members**

Cancellations within 1 week of the class will be subject to a \$15 administrative fee per registered person.

**Contact Hours: 5 Technical Water / 5 General Wastewater / 5PDH for Engineers**

### Dates / Locations:

**August 27, 2019 - Clark County REMC, 7810 IN-60, Sellersburg, IN 47172**

**August 28, 2019 - Offices of Nine Star Connect, 2243 E. Main St., Greenfield, IN 46140**

**Registration Begins at 8:30am. Class begins at 9:00am (local time)**

### Pre-registration Is Required.

Register by mailing or faxing the form below or by calling (888) 937-4992  
or Register Online at <http://www.inh2o.org/Training/OneDayTraining.aspx>



Location Choice:

Sellersburg

☐

Greenfield

☐

PO Box 789  
Franklin, IN 46131  
Phone: (317) 789-4200  
Fax: (317) 736-6676

System / Utility \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST Zip \_\_\_\_\_

Quantity \_\_\_\_\_ Price \_\_\_\_\_ Total: \_\_\_\_\_  
X \$125 Member \_\_\_\_\_  
X \$155 Non-Member \_\_\_\_\_

Method of Payment

☐ Check

☐ Visa

☐ Other

☐ Send Invoice

☐ MasterCard

**Comprehensive  
Rates—  
Strategies &  
Structures**

Attendee \_\_\_\_\_  
Attendee \_\_\_\_\_  
Attendee \_\_\_\_\_  
Attendee \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_ CVC Code \_\_\_\_\_