



# Colorado River Basin Section C.W.E.A.

“...to provide affordable, quality training while introducing members to other organizations and honoring members for their accomplishments..”



California Water Environment Association  
Protecting our water environment through education and training.

# COLLECTIONS WORKSHOP

Wednesday April 23, 2008  
Imperial Irrigation District  
81600 Ave. 58 La Quinta, CA 92253



## Collection Systems Workshop

The CWEA and CORBS invite you to attend a Collection System Workshop on April 23, 2008.

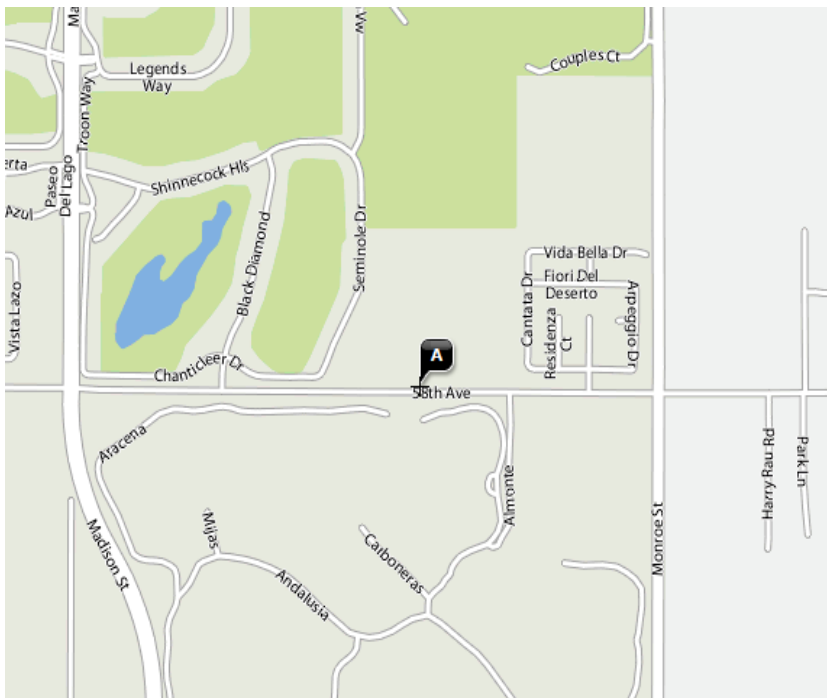
Imperial Irrigation District  
Main Office

### **Workshop Topics**

- CCTV Inspection
- Proper use of nozzles with cleaning truck
  - Rodding Equipment
  - SSO's/SSMP

## **Schedule**

7:00-8:00	Vendor set-up
8:00-9:00	Registration and Vendor Exhibits
9:00-10:00	Class 1
10:00-10:30	Break
10:30-11:30	Class 2
11:30-1:00	Lunch and Vendor Exhibits
1:00-2:00	Class 3



### Workshop Information

Location:

Imperial Irrigation District  
81600 Ave. 58 La Quinta, CA 92253

Date: April 23, 2008

Time: From 7a.m. to 2p.m.

Contact: Lee Boyer

(760)-774-8352

corbsnews@aol.com



## Workshop Registration

Cost: \$45 - Registration & Lunch Fee  
**MAKE CHECK PAYABLE TO CORBS**

Register: Space is limited, so please submit this form by April 7th, 2008

### REGISTRATION FORM

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Mail to:**  
**CWEA/CORBS**  
**c/o Mark Graham**  
**68380 Moonlight Dr.**  
**Cathedral City, CA 92234**  
**(760) 398-2651 ext.3651**  
**mgraham@dc.rr.com**

### CONTACT HOURS AWARDED

### Vendors Welcome!

\$75 For a table display, chair and one lunch

\$125 For rolling stock, table, chair and one lunch

Additional lunches are available for \$12

**Mail to:**  
**CWEA/CORBS**  
**c/o Lee Boyer**  
**31070 San Ardo Ave.**  
**Cathedral City, CA 92234**  
**(760)774-8352**

### Registration for Vendors

Company: \_\_\_\_\_  
Name/Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_



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