



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: CHEMICAL ROOT CONTROL

Presenter: DAN LAWRENCE Title: MUNICIPAL CONSULTANT

Employer: ROOTX Address: PO BOX 7626 SA

City: SALEM State: OR Zip: 97303 Phone: 800-844-4974

Length of Lesson: 1 HR Lesson applies to: Water Wastewater Both Online Option:

Summary of Lesson content: WHY ROOTS GROW IN SEWERS AND HOW TO EFFECTIVELY CONTROL THEM WITH CHEMICAL ROOT CONTROL.

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: 15 YEARS EXPERIENCE AT ROOTX CONTROLLING ROOTS IN RESIDENTIAL & MUNICIPAL SEWER LINES

Education (High School, Upgrades, Colleges and Degrees): HIGH SCHOOL

Professional Registration/Certification:

Related papers/instruction you have presented:

Title: Date: Event:

Title Date: Event:

Professional Organizations/Activities: Date:

Date:

Course sponsor:

Signature of Instructor: Date:

DO NOT WRITE BELOW THIS LINE

Date Evaluated: By: Approved: Yes No