



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: IPS Manufacturer Training Workshop

Presenter: Christopher J Reiner Title: Vice President

Employer: Reiner Pump Systems

Address: _____

City: Portland State: OR Zip: _____ Phone: 1-855-758-1188

Summary of Lesson content: To communicate operational understanding of provided equipment including standard operation, maintenance, and aftermarket/warranty support

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: Applications and troubleshooting expert for pumping systems

Education (High School, Upgrades, Colleges and Degrees): BS in Commerce and Engineering Sciences

Professional Registration/Certification: _____

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

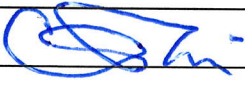
Title _____ Date: _____ Event: _____

Professional Organizations/Activities: _____

Date: _____

Date: _____

Course sponsor: Carollo Engineers, Inc.

Signature of Instructor:  Date: 8-23-22

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
P.O. Box 577
Canby, OR 97013-0577

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Phone: 503-698-6486