



MANAGEMENT FOR SUCCESS CLASSROOM COURSE

(42 CTH's for Water & Wastewater)
OEPA-B488049-X

MANAGEMENT FOR SUCCESS CLASSROOM COURSE

City of Dayton WWTP
2800 Guthrie Road
Dayton, Ohio 45417

Start Date: Tuesday, September 10, 2019
(15 week course)

Time: 4:00pm – 7:00pm

Instructor: Phil Bennington

Tuition: \$545 per student

Location: City of Dayton WWTP
2800 Guthrie Road
Dayton, Ohio 45417

Start Date: Tuesday, September 10, 2019
(15 week course)
4:00pm – 7:00pm

Tuition: \$545 per student
Registrations are accepted until September 2, 2019

COURSE OBJECTIVE

This class is designed for those who aspire to become managers or those who want to become better managers or employees.

Communication is the number one priority for managers and employees. Listening, understanding, talking and responding are some of the main problems with managers today.

This class has been designed to give students the basic background for becoming a manager and how to be a better manager. The class will stress classroom participation, sharing ideas and experiences, learning new ideas, writing memos, speaking and giving presentations.

Registration includes the following textbooks and materials:

- Utility Management A Field Study Training Program 2nd Edition
- Manage for Success Effective Utility Leadership Practices
- Water/Wastewater Utility Management Workbook

Any questions regarding the course contact:
OPERATOR TRAINING COMMITTEE OF OHIO, INC.
(614) 268-6826 office (614) 268-3244 FAX
Email: otco@otco.org

OTCO STUDENT ID #
FIRST NAME
LAST NAME
TITLE
EMPLOYER
BILLING ADDRESS (1)
BILLING ADDRESS (2)
CITY STATE ZIP
(This will be used for shipping of course materials.) <input type="checkbox"/> Check box if same as billing address above
SHIPPING ADDRESS (1)
SHIPPING ADDRESS (2)
CITY STATE ZIP
BUS. TELEPHONE () - EXT
FAX () - (for confirmations)
EMAIL ADDRESS
Please check & initial if information needs to be updated in OTCO Training Tracking System. <input type="checkbox"/>
CHECK/MONEY ORDER / P.O. #
<input type="checkbox"/> Please invoice my company
Charge to my credit card account: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
CARD NUMBER:
NAME ON CARD
EXP. DATE /
CREDIT CARD VERIFICATION CODE: (Note: Three digit code on back of card.)

SEND COMPLETED FORM TO:

THE OPERATOR TRAINING COMMITTEE
3972 INDIANOLA AVENUE
COLUMBUS, OHIO 43214-3158
(614) 268-6826 (614) 268-3244 FAX
Email: otco@otco.org