



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Advanced Day Agenda

Wednesday, April 18, 2018

Hickory, NC

Keeping it Safe and Secure: Facility, SCADA, and our Most Valuable Resource, Employees

EXHIBIT HALL OPEN FROM 8:00AM - 4:00PM

Session 1

8:30 am – 8:40 am	Welcome and Opening Remarks - <i>NCWOA Representative</i>
8:40 am – 9:25 am	The Importance of Vulnerability Assessments
9:25 am – 10:15 am	Physical Asset Security

Break: 10:15 - 10:45

Session 2

10:45 am – 11:15 am	Hardening Our Facilities, a Case Study
11:15 am – 12:15 pm	Panel/Roundtable – Vulnerability Assessments Implementation - What to do with the Information!

Lunch – Provided on Site 12:15 – 1:30

Session 3

1:30 pm – 2:15 pm	Cyber Security – What are the Risks to our Networks and SCADA
2:15 pm – 3:00 pm	Cyber Security – Protecting our Networks and SCADA

Break: 3:00 – 3:20

Session 4

3:20 pm – 3:50 pm	The Practical Application of Cyber Security, a Case Study
3:50 pm – 4:50 pm	Panel / Round Table Discussions – Cyber Security - Mistakes – Guidelines to Improve Security
4:50 pm	Certificates awarded

This class has been pre-approved for 6 contact hours for drinking water and/or wastewater certification.



NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

Spring School Registration Form

RECEIVED ON OR BEFORE APRIL 5, 2018

Please Print or Type

NAME (First, Middle, Last): _____

NICK NAME for TAG: _____ SOCIAL SECURITY #: XX-XXX-_____

EMPLOYER / ORGANIZATION: _____

ADDRESS FOR CONFIRMATION & MAP: _____

CITY: _____ STATE _____ ZIP _____ COUNTY: _____

WORK PHONE: _____ EXT: _____ FAX: _____

ATTENDEE'S EMAIL: _____

(Be sure to include if you would like access to NCWOA Moodle On-line supplement. Moodle log in and istructions will be sent to this email address.)

ATTENDEE'S INDIVIDUAL NCWOA MEMBER # *(must be included to be eligible for member rate)*: _____

NC WATER TREATMENT CERTIFICATE TYPE PRESENTLY HELD:

- AW BW CW DW AS BS CS
- AD BD CD DD CC/BF NONE YET

NC WATER TREATMENT CERTIFICATE # (OPERATOR ID #): _____

WASTEWATER CERTIFICATION # _____

PLEASE **CHECK** WHICH CLASS YOU ARE REGISTERING FOR AND **CIRCLE** RATE:

<u>CLASS TITLE</u>	<u>NCWOA MEMBER RATE</u>	<u>NON-MEMBER RATE</u>
<input type="checkbox"/> A-Surface (M-F)	\$ 225.00	\$ 275.00
<input type="checkbox"/> B-Surface (M-F)	\$ 225.00	\$ 275.00
<input type="checkbox"/> C-Surface (M-F)	\$ 225.00	\$ 275.00
<input type="checkbox"/> B-Well (M-F)	\$ 225.00	\$ 275.00
<input type="checkbox"/> C-Well (M-F)	\$ 225.00	\$ 275.00
<input type="checkbox"/> Advanced Day (Wednesday)	\$ 120.00	\$ 150.00

By Credit Card: ___ Visa ___ MC ___ Am Ex ___ Discover

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: Month ___ Year ___ Security Code from back of card: _____

Cardholder Signature: _____

PLEASE SEND APPLICATION AND PAYMENT TO:

Cindy Gall, NCWOA Comptroller
 PO Box 4519
 Emerald Isle, NC 28594
 Phone: 252-764-2094 ext. 2
 Fax: 252-764-2095
 Email:cindy@ncwoa.com

If cardholder is other than attendee, what email address should the CC receipt be sent to? _____

To ensure that you receive the emailed receipt, please add cindy@ncwoa.com to your email address book.

NCWOA USE: Amount _____ CK# _____ E S Processed _____