

**Custom Applicator Intensive Driver Training School - February 20 & 21, 2018  
Initial Commercial Pesticide Review and Testing or Re-certification - February 22, 2018**

**REGISTRATION FORM (1 of 2)**

**Please Fill out and return the second registration sheet for the Community College**

Company Name: \_\_\_\_\_

Filers Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Filers E-mail address: \_\_\_\_\_

**PLEASE FILL IN NAME(S) & CHECK OPTION(S) FOR EACH REGISTRANT**

Name	Attendance Options	Fees	Amount Due
_____ Name (1) _____ Email Address	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 20 & 21, 2018  <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 22 <input type="radio"/> First Time Testing <input type="radio"/> Re-Certification OR Re-Testing	\$250 per Member \$320 per Non-Member  \$90 per Member \$120 per Non-Member  <b>Total Amount Due:</b>	\$ _____  \$ _____  \$ _____
_____ Name (2) _____ Email Address	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 20 & 21, 2018  <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 22 <input type="radio"/> First Time Testing <input type="radio"/> Re-Certification OR Re-Testing	\$250 per Member \$320 per Non-Member  \$90 per Member \$120 per Non-Member  <b>Total Amount Due:</b>	\$ _____  \$ _____  \$ _____
_____ Name (3) _____ Email Address	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 20 & 21, 2018  <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 22 <input type="radio"/> First Time Testing <input type="radio"/> Re-Certification OR Re-Testing	\$250 per Member \$320 per Non-Member  \$90 per Member \$120 per Non-Member  <b>Total Amount Due:</b>	\$ _____  \$ _____  \$ _____

**Pesticide Testing Study Materials (optional, but highly recommended) can be purchased at <http://pested.unl.edu>.**

Total Registration Fee for ALL Registrants \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

**Credit Card Information**

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Card: \_\_\_\_\_