



Custom Applicator Intensive Driver Training School - February 26 & 27, 2019
Initial Commercial Pesticide Review and Testing or Re-certification - February 28, 2019
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 26 & 27, 2019 <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 28 <input type="radio"/> First Time Testing <input type="radio"/> Re-Certification OR Re-Testing	\$250 per Member \$350 per Non-Member \$90 per Member \$120 per Non-Member Total Amount Due:	\$ _____ \$ _____ \$ _____
_____ Name (2) _____ Email Address	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 26 & 27, 2019 <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 28 <input type="radio"/> First Time Testing <input type="radio"/> Re-Certification OR Re-Testing	\$250 per Member \$350 per Non-Member \$90 per Member \$120 per Non-Member Total Amount Due:	\$ _____ \$ _____ \$ _____
_____ Name (3) _____ Email Address	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 26 & 27, 2019 <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 28 <input type="radio"/> First Time Testing <input type="radio"/> Re-Certification OR Re-Testing	\$250 per Member \$350 per Non-Member \$90 per Member \$120 per Non-Member Total Amount Due:	\$ _____ \$ _____ \$ _____

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: _____

Nebraska Agri-Business Association | 8700 Executive Woods Dr, Suite 400 | Lincoln, NE 68512 | Phone: (402) 476-1528
| Email: Sarah Skirry, sskirry@na-ba.com | Online Registration: www.na-ba.com