

**Custom Applicator Intensive Driver Training School - February 25 & 26, 2020
Initial Commercial Pesticide Review and Testing or Re-certification - February 27, 2020
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: _____

Name	Attendance Options	Fees	Amount Due
<hr/> <p align="center">Name (1)</p> <hr/> <p align="center">Email Address</p>	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 25 & 26, 2020 <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 27 <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:	\$ _____ \$ _____ \$ _____
<hr/> <p align="center">Name (2)</p> <hr/> <p align="center">Email Address</p>	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 25 & 26, 2020 <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 27 <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:	\$ _____ \$ _____ \$ _____
<hr/> <p align="center">Name (3)</p> <hr/> <p align="center">Email Address</p>	<input type="radio"/> Custom Applicator School: Tuesday & Wednesday, February 25 & 26, 2020 <input type="radio"/> Commercial Pesticide License Certification: Thursday, February 27 <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: _____