

# 2007 Pesticide Applicator Certification School

## PRE-REGISTRATION FORM for RENO and LAS VEGAS

**Instructions:**

1. Complete this form. Type or print legibly. If you need more spaces, you may photocopy this form.
2. Pre-registration is \$40 which covers refreshments, arrangements and general expenses for each attendee. **THERE WILL BE NO REGISTRATION AT THE DOOR.** A limited number of scholarships are available to individuals unable to pay, inquire before December 8, 2006. The certification exam is an additional \$25. Refunds will be processed if they are requested by December 22, 2006.
3. Prior to the class, you may purchase a PSEP Training Guide for \$15 from University of Nevada Cooperative Extension (UNCE) offices or the Nevada Department of Agriculture (NDOA) office in Las Vegas. **GUIDES MUST BE PAID FOR SEPARATELY, DO NOT SEND FUNDS FOR A GUIDE WITH THIS FORM.** A few Guides will be available for purchase at the door.
4. Mail the completed registration form (keep a copy for your records) and check, made payable to **"BOARD OF REGENTS"**, to: Sue Strom, Department of Resource Economics/204, University of Nevada-Reno, Reno, NV 89557-0105. Pre-registrations must be postmarked by December 22, 2006. Space is limited and will be assigned as the registrations are received.
5. Acknowledgments will be mailed to the business address you list below or if you list an e-mail address, confirmation will be sent electronically. If the workshop is full, your registration form and payment will be returned. Need more information? Call Sue Strom at (775) 784-1931\*.

**CHECK THE BOX NEXT TO THE LOCATION WHERE YOU WILL BE ATTENDING:**

LAS VEGAS

January 25 and 26

UNCE Office, 8050 S. Maryland Pkwy., Ste. 100

RENO

January 30 and 31

The Holiday Inn, 1000 East Sixth Street

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone #: (        ) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

e-mail address: \_\_\_\_\_

<b>Attendee Name and Address</b>	<b>Check (✓) if person will take the certification exam</b>
1.	
Address: _____ City: _____ State: _____ Zip Code: _____	
2.	
Address: _____ City: _____ State: _____ Zip Code: _____	
3.	
Address: _____ City: _____ State: _____ Zip Code: _____	
4.	
Address: _____ City: _____ State: _____ Zip Code: _____	

Number of pre-registrations \_\_\_\_\_ X \$40 = \$ \_\_\_\_\_ (A) + Number of certification tests \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_ (B)

**Total remittance (Add A + B above) = \$ \_\_\_\_\_**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ #Attending: \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ Purchase Order # \_\_\_\_\_ Cash: \_\_\_\_\_

Receipt # \_\_\_\_\_ Invoice # \_\_\_\_\_ Deposit # \_\_\_\_\_

\*The University of Nevada, Reno campus will be closed from December 23, 2006 through January 1, 2007.