

Company Name: _____

Company Address: _____ Phone: () _____

City, State, Zip Code: _____ Email: _____

Attendee Name: _____☐ Thursday Program ☐ Thursday Membership Dinner**Attendee Name:** _____☐ Thursday Program ☐ Thursday Membership Dinner**Attendee Name:** _____☐ Thursday Program ☐ Thursday Membership Dinner**Attendee Name:** _____☐ Thursday Program ☐ Thursday Membership DinnerWe... ARE ☐ ARE NOT ☐ current members of NEPMA. (**check one**)**EARLY-BIRD PRICES! Register by February 13th and SAVE!**

	MEMBERS (each)		NON-MEMBERS (each)	
	Before 2/13	After 2/13	Before 2/13	After 2/13
Pest Professionals (and Employees)				
Thursday 3/1/18 PROGRAM	\$100	\$135	\$125	\$160
Thursday 3/1/18 DINNER	\$35	\$35	\$45	\$45

Any registration changes made after February 22 are subject to a \$25 administrative fee.Total Amount Due: _____ Method of payment: ☐ Credit Card or ☐ Check #

Credit Card #: _____ Exp. Date _____ CVV _____

Name on Card: _____ Signature: _____

Billing Address (IF DIFFERENT THAN ABOVE): _____

Mail your completed registration form to:
New England Pest Management Association,
53 Regional Drive, Suite 1, Concord, NH 03301
or register by fax with your credit card information at: **603-228-2118**

Register online with a credit card at **nepma.org**
Use the registration link on our homepage.

Questions? Call **(866) 386-3762**