



NEW ENGLAND PEST MANAGEMENT ASSOCIATION, INC.

ONSITE REGISTRATION FORM

2017 Fall Training Seminar & Exposition | November 2 & 3, 2017

Company Name: _____

Company Address: _____ Phone: () _____

City, State, Zip Code: _____ Email: _____

Attendee Name: _____

THURSDAY Bed Bug Program THURSDAY Dinner Program
 FRIDAY General Pest Control Program

Attendee Name: _____

THURSDAY Bed Bug Program THURSDAY Dinner Program
 FRIDAY General Pest Control Program

Attendee Name: _____

THURSDAY Bed Bug Program THURSDAY Dinner Program
 FRIDAY General Pest Control Program

Attendee Name: _____

THURSDAY Bed Bug Program THURSDAY Dinner Program
 FRIDAY General Pest Control Program

We... ARE ARE NOT current members of NEPMA. (check one)

	MEMBERS (each)	NON-MEMBERS (each)
Pest Professionals (and Employees) Thursday 11/2/17 PROGRAM	After 10/20 \$135	After 10/20 \$160
Thursday 11/2/17 DINNER	\$35	\$45
Friday 11/3/17 PROGRAM	\$135	\$160

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):

