

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)	
		After 10/20		After 10/20
Pest Professionals (and Employees)				
Thursday 11/2/17 PROGRAM		\$135		\$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): _____