

Registration Form

Date: _____

Company: _____ Email: _____

Name (1): _____ Name (2): _____

Name (3): _____ Name (4): _____

NY State Pesticide Certification _____ NJ Pesticide Certification _____

Phone: _____ Cell: _____

Check all that apply

- | | | | | |
|--------------------------|--------------|----------------|--|-------|
| <input type="checkbox"/> | June 14 | 6:00 to 9:30pm | Equipment Calibration | \$100 |
| <input type="checkbox"/> | September 13 | 6:00 to 9:30pm | Setting Up an IPM Program/Weed Control | \$100 |
| <input type="checkbox"/> | October 11 | 6:00 to 9:30pm | Identification and Life Cycle of Turf Diseases | \$100 |
| <input type="checkbox"/> | November 8 | 6:00 to 9:30pm | Identification of Turf Pests | \$100 |

PLEASE PROVIDE PAYMENT INFORMATION BELOW:

AMEX MC VISA DISCOVER CASH CHECK CHECK # _____

Billing Address: _____

City _____ State _____ Zip Code _____

CC# _____ Ex: ____/____/____ Verification Code: _____

Total Amount Due: _____

Signature: _____

By signing the above, you authorize Central Turf & Irrigation Supply to process your credit card number.

**Return form to Gino Sorvillo at gsorvillo@centraltis.com or fax to 914-347-3841.
For more information call 914-557-7558.**

CENTRAL
TURF & IRRIGATION SUPPLY

centraltis.com