



REGISTRATION FORM

2019 Fall Training Seminar & Exposition | November 7, 2019

Company Name: _____

Company Address: _____ Phone: () _____

City, State, Zip Code: _____ Email: _____

Attendee Name: _____

☐ Thursday Program ☐ Thursday Membership Dinner

Attendee Name: _____

☐ Thursday Program ☐ Thursday Membership Dinner

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☐ Thursday Program ☐ Thursday Membership Dinner

Attendee Name: _____

☐ Thursday Program ☐ Thursday Membership Dinner

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

EARLY-BIRD PRICES! Register by October 18th and SAVE!

	MEMBERS (each)		NON-MEMBERS (each)	
	Before 10/18	After 10/18	Before 10/18	After 10/18
Pest Professionals (and Employees) Thursday 11/7/19 PROGRAM	\$100	\$135	\$125	\$160
Thursday 11/7/19 DINNER	\$35	\$35	\$45	\$45

Any registration changes made after November 1st 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**