

Pest Ed Series Attendance Registration Form

Citrus Heights • Thursday, January 18, 2024

	Separate registration form per person
Company Name:	
Attendee Name:	License#
Street Address:	
City:	State: Zip:
Phone:	Email:
Registration Includes:	
❖ Continental Breakfast & Lunch	Certificate of Completion for CE Hours
Choice of General Pest OR WDO specific Breakout courses	Networking with Vendors and fellow PMPs!
Breakout Session Choice: (Please choose ONLY one)	Membership: (Please choose one)
☐ WDO Track Breakout Choice	☐ PCOC Member \$99.00/person until 12/21/23 \$125.00/person after 12/21/19
☐ General Pest Track Breakout Choice	\$135.00/person Day of Event Non-Member \$179.00/person until 12/21/23 \$189.00/person after 12/21/23 \$199.00/person Day of Event
Payment Information: ☐ Visa ☐ Mastercard	☐ American Express
Name on Card:	
Billing Address (if different from above):	
City:	State: Zip:
Card Number:	Exp: CCV:
authorization is for 2024 Pest Ed Registration Fees as des	authorization form according to the terms outlined above. This payment cribed above and is valid for one time use only. I certify that I am an te the payment with my credit card company so long as the transaction
Authorized Signature	
I have read the PCOC Code of Conduct and agree to follow	

_____ Signature:_

Name: _