

Pest Ed Series Attendance Registration Form

Montebello • Tuesday, January 16, 2024

		Separate re	egistration 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 on	e)
☐ WDO Track Breakout Choice	\$125.0	Member \$99.00/p 00/person after 12 00/person Day of	
☐ General Pest Track Breakout Choice	□ Non-M \$189.0		person until 12/21/23 2/21/23
Payment Information: ☐ Visa ☐ Mastercard			
Name on Card:			
Billing Address (if different from above):			
bitting Address (ii dirierent from above).			
City:	State:	Zip:	
Card Number:		Exp:	CCV:
I authorize PCOC to charge the credit card indicated in this au authorization is for 2024 Pest Ed Registration Fees as descrauthorized user of this credit card and that I will not dispute corresponds to the terms indicated in this form.	ribed above and is vali the payment with my	id for one time use of credit card company	only. I certify that I am ar so long as the transaction
Authorized Signature	o, CA 95814 • Fax: (916) 3 t and directed to Sarah Co ior to the event. No refu	72-5437 • Email: sarah onrad. No nds will be given for n	no shows.

_ Signature:_