



New Jersey Mosquito Control Association, Inc.

2018 PESTICIDE RECERTIFICATION TRAINING COURSE REGISTRATION FORM

Organization/Company: _____

Phone Number: _____

Address: _____

Fax Number: _____

Street

Email: _____

City

State

Zip Code

Registration	Atlantic City, NJ March 13, 2018		East Windsor March 27, 2018		Indicate in which state registrant is certified		
	On or Before 2/23/2018	After 2/23/2018	On or Before 3/9/2018	After 3/9/2018			
	\$125	\$150	\$125	\$150			
NO CHANGES IN REGISTRATION WILL BE ALLOWED WITHIN 5 BUSINESS DAYS OF TRAINING DATE.							
Name:							
Name:							
Name:							
Name:							
Name:							
Name:							
Name:							
Name:							
Name:							

Please make checks payable to NJMCA & mail to:
Atlantic Office of Mosquito Control, c/o Doug Abdill
P.O. Box 719, Northfield, NJ 08225

Doug Abdill's Contact Information:
609-645-5948, Fax 609-645-5846
abdill_john@aclink.org

Directions for the training session are
available at the following websites:
www.caesars.com/ballys-ac
www.nccmeetings.com