

NJMCA Pesticide Training Course - Registration Form

(Paper Submission - please send payment and this form by 12 Feb 08)

Name: _____

Affiliation: _____

Address: _____

Phone #: (____) ____ - ____

Email: _____

Course location and date you will attend: (check one)

Resorts Casino, Atlantic City : Tuesday, 11 March 2008 _____ [Directions](#)

Crowne Plaza, Monroe Twsh: Tuesday 25 March 2008 _____ [Directions](#)

Others attending from your affiliation: (List names and state only)

List Name

State

List Name	State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please make checks payable to: NJMCA
Payment Amount Due (\$70.00 per person): \$_____
Thank you for your submission. Cancellations and switching attendance locations must be received no later than 48 hours prior to the meeting date. Smoking will not be allowed in meeting rooms.
<i>This form should be printed out and mailed to:</i> Cumberland County Mosquito Control Division 800 E. Commerce St. Bridgeton, NJ 08302 Attn: Heather Lomberk, phone 856-453-2170 Fax: 856-459-9692