



Registration Form

Register online at www.arkansaspest.org

Thursday, February 25 • Wednesday, March 3 • Tuesday, March 9

Each session will be 8:30 A.M. – 12:30 P.M.

- A link to access the session you select will be emailed once you register.
- Groups can attend the presentations (via 1 computer) if you have a camera to verify attendance.
- If you register more than one person and they will watch the session individually, please make sure to share the link you receive with them.
- If you have a large group that can't make the dates listed, call the APMA office at 501-224-4840 and we can coordinate a private session.
- Each session is being submitted to meet certification requirements for operators and technicians in Arkansas.

COMPANY NAME _____

COMPANY ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____ OFFICE PHONE _____

Name	ASPB License#	Select Session Date	Member	Nonmember
		<input type="checkbox"/> Thurs Feb 25 <input type="checkbox"/> Wed March 3 <input type="checkbox"/> Tues March 9	<input type="checkbox"/> Technician-\$75 <input type="checkbox"/> Operator-\$125	<input type="checkbox"/> Technician-\$100 <input type="checkbox"/> Operator-\$240
		<input type="checkbox"/> Thurs Feb 25 <input type="checkbox"/> Wed March 3 <input type="checkbox"/> Tues March 9	<input type="checkbox"/> Technician-\$75 <input type="checkbox"/> Operator-\$125	<input type="checkbox"/> Technician-\$100 <input type="checkbox"/> Operator-\$240
		<input type="checkbox"/> Thurs Feb 25 <input type="checkbox"/> Wed March 3 <input type="checkbox"/> Tues March 9	<input type="checkbox"/> Technician-\$75 <input type="checkbox"/> Operator-\$125	<input type="checkbox"/> Technician-\$100 <input type="checkbox"/> Operator-\$240
		<input type="checkbox"/> Thurs Feb 25 <input type="checkbox"/> Wed March 3 <input type="checkbox"/> Tues March 9	<input type="checkbox"/> Technician-\$75 <input type="checkbox"/> Operator-\$125	<input type="checkbox"/> Technician-\$100 <input type="checkbox"/> Operator-\$240

If registering more attendees than space provided, submit an additional form or attach a list.

TOTAL OWED: \$ _____

Mail Payment to:

APMA
P.O. Box 26243
Little Rock, AR 72221

Or Fax to 501-224-0988

Payment Options:

Check # _____ Visa MasterCard Discover

CC #: _____ - _____ - _____

Exp. Date: _____ CVV (last 3 digits on back): _____

Name on Card: _____

Billing Address (If diff from above): _____

CANCELLATIONS/REFUNDS must be requested in writing 5 business days prior to the date attending. Refunds will be subject to a \$25.00 administration fee.