



ARKANSAS
Pest Management
ASSOCIATION

2026 RECERTIFICATION & TRADE SHOW Registration Form

Operators - Technicians

SEPTEMBER 15-16, 2026

BENTON EVENT CENTER

Registration & schedule available online at www.arkansaspest.org

Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ State/Zip: _____

Attendee Details

Register by September 4th for the BEST rate! \$30 fee per attendee after this date.

Member Rate

Operator \$130

Technician \$90

Non-Member Rate

Operator \$260

Technician \$120

Please indicate under Amount Due how many will stay for dinner and the auction so we don't over or under order food.

First/Last name: _____

Lic#: _____ ☐ Operator ☐ Technician

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL
☐ Short Sleeve ☐ Long Sleeve

First/Last name: _____

Lic#: _____ ☐ Operator ☐ Technician

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL
☐ Short Sleeve ☐ Long Sleeve

First/Last name: _____

Lic#: _____ ☐ Operator ☐ Technician

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL
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First/Last name: _____

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Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL
☐ Short Sleeve ☐ Long Sleeve

Arkansas PestVets will be collecting blankets to give to a local veterans organization. Please bring new or gently used blankets to donate!

2026 Shirt Design

All shirt sales benefit the Lynn Hopper Scholarship Fund.



2026/2027 dues must be paid to get the member rate.

Dues must be paid to the National Pest Management Association for National and State dues this year.

<https://www.arkansaspest.org/join-renew-dues>

Amount Due

Attendee Recertification Fee: \$ _____

Short Sleeve Shirt(s) ____ x \$12: \$ _____

Long Sleeve Shirt(s) ____ x \$16: \$ _____

Total # attending dinner (no fee): _____

Total Owed \$ _____

Payment Details

Mail Registration with Payment to:

P.O. Box 26243

Little Rock, AR 72221

CANCELLATIONS/REFUNDS Must be requested in writing by September 3.
Refunds will be subject to an administrative fee of \$50.

501-224-4840 or office@arkansaspest.org

Amount Enclosed: _____

Check #: _____

*MasterCard or Visa # _____ - _____ - _____

Exp Date: ____ / ____ CVV: ____

Name on Card: _____

Billing Address (if different from above) _____

**a 3% credit card convenience fee will apply*

Event Location: Book your room

The Benton Event Center is located at 17322 I-30, Benton, AR 72019. The APMA has a room block at the Fairfield Inn & Suites by Marriott, located at 17320 I-30. The group rate is \$110/night. Make your hotel reservations by calling 501-722-6330.