2018 Core and Commercial Category Pesticide Applicator Training

Registration Fee
The fee is $60, per person, per program. Personal or company checks, money orders, purchase orders, and MC, VISA, or Discover cards are accepted. The fee does not include study manuals, meals, or lodging. Preregistration is requested. There is a 10% fee for registration cancellations or transfers. Purdue Pesticide Programs reserves the right to cancel programs at any time. Purdue University is not responsible for costs incurred due to cancellation. Parking is free of charge at all training sites except for Core training at the Convention Center ($26) on January 16, 2018.

Study Materials
You are encouraged to order a study manual ($30 ea) for each program for which you register. Training is geared toward those who have studied the manual prior to training. There are NO refunds on study manuals.

Program Schedule
Training programs begin at 8:30 a.m. (local time). Attendees should arrive between 7:30 and 8:25 a.m. to finalize registration. Programs conclude at approximately 3:30 p.m., with the exam offered immediately after. All programs are held at the William Daniel Turf Center, 1340 Cherry Lane, West Lafayette, IN 47906, unless otherwise indicated. Note that these programs are for initial certification ONLY. Recertification credits (CCH's) will not be awarded.

*Category 12 is a one time mandatory attendance.

Examination and Photo Identification
The Office of Indiana State Chemist requires that all persons taking a certification exam present a government issued photo ID. This includes any valid state driver license, military identification, passport, state issued identification card, or federal agency identification. No other identification will be accepted.

Remember to bring a basic handheld calculator for use during the examination (cell phone use is prohibited during testing).
To Register
Mail form with payment to:
Purdue Extension
The Education Store
301 South 2nd Street
Lafayette, IN 47901
Phone: 765/494-6794
or Fax form with credit card or P.O. information to: 765/496-1540
To register on-line: https://mdc.itap.purdue.edu/wk_group.asp?wk_group=Pesticide

For More Information
For conference information, contact
Cindy Myers
Purdue Pesticide Programs
915 W. State Street
West Lafayette, IN 47907-2054
Phone: 765/496-7499
E-mail: cjmyers@purdue.edu
For program content and certification information, contact
Cheri Janssen
Purdue Pesticide Programs
915 W. State Street
West Lafayette, IN 47907-2054
Phone: 765/496-7499
E-mail: cjanssen@purdue.edu
or go to:
ppp.purdue.edu/commercial-applicators/overview/

Purdue Pesticide Programs will not permit electronic recording, either audio or video, of any portion of pesticide applicator training conducted under their direction.

Registration Form (Please type or print clearly)
Name _________________________________________
Company ______________________________________
Telephone (______) _____________________________
Mailing Address (Training manuals will be sent to this address. No P.O Box numbers, please)__________________________
______________________________________________
______________________________________________
City __________________________________________
State___________ Zip _______________________
E-mail ________________________________________

☐ Auxiliary aids and services are required due to a disability. Please contact this registrant at the above phone number.

1) Please send me a training manual for the program(s) indicated ($30.00 each)            $___________
2) Shipping Rate (see table below)            $___________
3) Indiana sales tax
   (add lines 1 and 2 above and multiply by .07) $___________
4) Training registration fee ($60.00 each)   $___________
Total amount enclosed
(add lines 1 through 4 above) $___________

(Payment or Purchase Order Number is required prior to attending the program.)

☐ Enclosed is a check or money order payable to Purdue University.

☐ Enclosed is a purchase order.
P.O. Number: ________________________________

☐ Charge to (check one):
     MasterCard         VISA          Discover
Account Number ________________________________
Exp. Date_______ CVV Code _____ Zip Code______
Signature ______________________________________

For conference information, contact
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Purdue Pesticide Programs
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West Lafayette, IN 47907-2054
Phone: 765/496-7499
E-mail: cjmyers@purdue.edu

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Charge to (check one):
     MasterCard         VISA          Discover
Account Number ________________________________
Exp. Date_______ CVV Code _____ Zip Code______
Signature ______________________________________

Register only one person per form. You may photocopy this form as needed.

Pesticide Applicator Training, 2018

[Circle which training session(s) you will attend]