

REGISTRATION

Company Name _____

Names Attending: (Please fill in appropriate rates:)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Extra Banquets ___ # needed X 46.00 each = \$ _____

Children's Banquet.(12 and under) # ___ X 26.00= \$ _____

Total Enclosed = \$ _____

Mailing Address: _____

City _____ ST _____ ZIP _____

ph# _____ - _____ - _____

Return this portion with check (payable to MPMA) to:

Michigan Pest Management Association

Conference Registration

P.O. Box 26546

Fraser, MI 48026

REGISTRATION DEADLINE July 5, 2019