



# Registration Form

Registration closes **3 business days** before each class

Which class would you like to attend [date]? \_\_\_\_\_

(Please use one form per class date)

Company/Organization: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any additional attendees from your company attending this class (if applicable)

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**Español es su lengua madre? Si  No**   
Si su idioma nativo es español, le sugerimos tomar una clase en este idioma; al final del entrenamiento debe completar un examen escrito.

**Purpose of attending this class** (check all that apply):

DACS CEUs  FNGLA CEUs  Compliance with city of Naples Regulations  Education

Other (specify) \_\_\_\_\_

Method of payment: Check  Money Order  Credit Card

Total amount due: (# employees \_\_\_\_\_ x cost per class \_\_\_\_\_ = total due \_\_\_\_\_)

***Make checks payable to Friends of Rookery Bay***

VISA/MC # \_\_\_\_\_ expiration \_\_\_\_\_

Billing address zip code: \_\_\_\_\_

***Cancellations ONLY up to three days before class. Fees are non-refundable***

**Mail completed forms to:**  
Rookery Bay National Estuarine Research Reserve  
300 Tower Road, Naples, FL 34113  
ATTN: Project Greenscape or fax (239) 417-6315  
phone: (239) 417-6310 ext. 231