



Registration Form

Registration closes 3 work days before each class

WRITE LEGIBLY [this information will be used to issue your certificate]

Which class would you like to attend [date]? _____

Landscape/Lawn/Pesticide Service Provider Other [specify] _____

Attendee Name: _____ Company/Organization: _____

Title/Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ FAX: _____

Email: _____

Español es su lengua madre? Si No

Si su idioma nativo es español, le sugerimos tomar una clase de GI-BMP en este idioma; al final del entrenamiento debe completar una examen escrito.

Method of payment:

Check

Money Order

Credit Card

Make checks payable to Friends of Rookery Bay

VISA # _____ expiration _____

MC# _____ expiration _____

Billing address zip code: _____

Fees are not 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