



# 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 \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

***Fees are not refundable***

**Mail completed forms to:**

Rookery Bay National Estuarine Research Reserve  
ATTN: Project Greenscape  
300 Tower Road, Naples, FL 34113 or fax (239) 417-6315