

Continuing Education Course Registration

We request you send in this registration form at least one week prior to the start of the course.

Please register me for the _____ class being given on _____.
course name *date being given*

PMTC Membership Account #: _____

You must be a part of our membership program to attend Continuing Education Classes. If you are not a part of our membership program, and would like to be, please fill out the [Membership Application for Continuing Education](#). For more information on our membership program, please contact Barry Stangel at 845-357-7734.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP code: _____

Telephone #: _____ Cell #: _____

E-mail: _____

Once completed, this form may be submitted in one of the following three ways:

E-mail:

Mail:

Fax:

Pest Management Training Center
51 Wayne Avenue
Suffern, NY 10901

845-357-1508