## **EXCLUSIVE EVENT for 125 ATTENDEES w/Eleven EXHIBITS**



## Savannah Spring Seminar

2024

"PROMOTING PROFESSIONALISM IN THE PEST CONTROL INDUSTRY"

## APRIL 12th

## Georgia Tech / Savannah • 210 Technology CIR, Savannah 31407 Attendance LIMITED!\* || Sign up Early Registration REQUIRED! CPCO Member Registration FEE per person—view below 6 GA CEUs All pending approvals (PROVIDING THE MEMBERSHIP ACCOUNT IS CURRENT AND ALL INVOICES ARE PAID) HPC / WDO Non-Member Registration FEE per person—view below (CPCO MEMBERSHIP APPLICATION IS AT www.CPCOofGA.com) ...plus Some Pesticide Credits ...plus AL, FL, SC points (3\*NO ON-SITE OR GUEST REGISTRATION **SCHEDULE** *TBA* (Ebulletin, PCO Pro, Website) 10% Discount Registration Deadline: 04.05.24 until 5:00pm\* \*(If you mail in the Registration form, it must ARRIVE at the office by April 5th.) The ${ m CPCO}\,o/{ m GA}$ office will not be accepting calls after TUESDAY 04/09/24 in order to prepare for the Savannah Spring Seminar REQUIRED | PRINT Clearly EACH ATTENDEE's NAME AND SP LICENSE NUMBER, SELECT IF VETERAN $\square$ VET $\square$ License # $\mathbf{SP}$ ATTENDEE ☐ VET License # **SP** ATTENDEE $\square$ VET License # $\mathbf{SP}$ ATTENDEE ☐ VET License # **SP** ATTENDEE □ VET License # **SP** ATTENDEE $\square$ VET License # **SP** ATTENDEE $\square$ VET License # $\mathbf{SP}$ ATTENDEE \_\_\_\_\_ $\square$ VET License # $\mathbf{SP}$ ATTENDEE QTY x \$ 90.00 A. Members Attending Total B. Non-Members Attending \_\_\_\_\_ × \$ \_175.00 Fee [Before completing this section, CHECK US OUT AT **cpcoofga.com** —CALL TO BECOME A MEMBER!] Total C. Veterans Discount Submit DD FORM, ID, ... ] 10% • Member discount per Veteran: \$ 9.00 New Veteran submissions, email macnit3@gmail.com [WE KEEP Veteran RECORDS FOR FUTURE TRAINING] • Non-member discount per Veteran: \$17.50 Total Amount Due Registration Packets available on Friday, April 12th, 7:30am at Georgia Tech / Savannah in the lobby, **PACKETS** at the CPCO Table. Follow the sign. (Inside folder) One CEU card per Attendee. (Mistake on card? Okay to Cross-out with one line—Keep it neat.) NAME BADGES must be WORN & VISIBLE at all times. **CEUs** Company Name / Name : \_\_\_\_\_ \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Address: Telephone (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_ CPCO of GA • PO Box 490164 • Lawrenceville, GA 30049 • Phone: 770.338.1050 | Fax: 770.338.2090 | E-mail: glenda@CPCO of GA.com

NO REFUNDS | SSS 2024 | SSS 2024 | CPCOofGA OFFICE USE ONLY:

MEMBERSHIP TYPE: \_\_ind i \_\_ind ii \_\_corp i \_\_corp ii | MEMBERSHIP RENEWAL DATE : month / year \_ PAID \_\_OR MONEY DUE \$ \_\_\_\_\_

PAYMENT DUE AT THE TIME OF REGISTRATION / CASH / CREDIT CARDS\* (AMEX\*, DISCOVER\* • MASTERCARD\* • VISA\*)

\*CREDIT CARD TRANSACTIONS. FOR SECURITY PURPOSES, CALL THE CPCO OFFICE WITH INFORMATION, 8:00 - 5:00pm (M-F) (ET)