

Wildlife Exclusion Workshop

Registration Form

Student Information:

Name: _____

Address: _____

Phone Number w/ Area Code: _____

Emergency Contact: _____

Emergency Contact Phone Number w/ Area Code: _____

Allergies: _____

Students with dietary restrictions will be charged an additional fee or need to make their own arrangements for meals.

Check the Option Registering For:

_____ Early Bird Discount (**\$325**) Discount Ends August 15, 2011

_____ Regular Rate (**\$375**) From August 16 – September 15, 2011

Amount Enclosed: \$ _____

Return Completed Form To: **Wildlife Exclusion Workshop, PO Box 357, Sharon Center, OH 44274**, fax to 330-723-5339, or scan and email to training@probatsolutions.net.

Do not write below this line

Received by: _____

Amount Received: _____ Date: _____

Amount Remaining: _____