

Distributor & Manufacture Seminar Registration March 12, 2020

Radisson Hotel
2400 Old Lincoln Highway, Trevose, PA 19053
(215) 638-8300

Company: * _____

Representative: * _____

Add. Reps: * _____

Address: * _____

City: * _____ Zip: * _____

Phone: * _____ Fax: _____ E-Mail _____

Funds Enclosed:

Sponsorship Registration:	N/C	_____
Member Registration:	(\$250.00)	_____
Non-Member Registration	(\$375.00)	_____
Additional Representative	(\$199.00) X Qty. _____	_____
Total		_____

(\$25.00 of the registration fee goes toward door prizes – Other door prizes from Rep’s are accepted and appreciated but not required.)

Make checks payable to:

PA Pest Management Association

Mail to: Susan Wilson
8719 Jackson Street
Philadelphia, PA 19136
Phone (215) 480-7221 - Fax: (215) 333-8902

Card* # _____ Exp. Date * _____ CSC * _____

*Required info

