

IPM Accreditation Program

Registration Form – IPM Certified Agent for Turfgrass Management

Section 1 – Personal and Golf Facility Information

Name of IPM Certified Agent: _____ Certification Number: _____

Landscape Exterminator Licence #: _____ Expiry Date: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Preferred Email: _____

Golf Facility Name: _____

Representing Additional Facility: No

Yes – Facility Name(s): _____ and _____

Golf Facility Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Golf Facility Telephone: _____ Golf Facility Email: _____

Send Correspondence to: Home Golf Facility

Section 2 – Payment: \$75.00 + HST = \$84.75 HST #R108161829 No refunds

Payment by: Cheque (payable to “University of Guelph”) Money Order Visa Mastercard

Credit Card #: _____ Expiry Date: _____ CVV Code: _____

Cardholders Name: _____ Cardholders Signature: _____

Section 3 – Confidentiality

Information contained on this form will remain confidential and will be used during the registration process of IPM Certified Agents, to provide information updates to the IPM Council of Canada and Ministry of the Environment and to evaluate the impact and usefulness of the program. I certify that the information given on this form is true and correct.

Signature: _____ Date: _____

Return completed registration form and payment: (Incomplete information may hold up registration)

By mail to: IPM Accreditation Program
University of Guelph, Ridgetown Campus
120 Main Street East
Ridgetown, ON N0P 2C0
Ph: 1-866-385-4762 Fax: 519-674-1585

By Email to: rcipmap@uoguelph.ca