## Application for IPM Accreditation Examination - Turfgrass Management Examination

IPM Accreditation Program - University of Guelph Ridgetown Campus General Information: 1-866-385-4762 (519-674-1538) Fax: 519-674-1585 Email: rcipmap@uoguelph.ca Section 1 - Personal and Company Information (print clearly in ink) Name of Applicant (First, Middle, Last): Date of Birth (Month/Day/Year): Home Address (#, Street, Apt. /Unit): \_\_\_\_\_\_ \_\_\_\_\_\_ Prov. \_\_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone: \_\_\_\_ Preferred Email Address: Company Email Address Company Name: \_\_\_\_\_ Company Address (#, Street, Apt. /Unit): \_\_\_\_\_ \_\_\_\_\_Prov: \_\_\_\_\_\_Postal Code: \_\_\_\_\_ Company Telephone: Company Fax: Expiry Date: \_\_\_\_\_ Landscape Exterminator Licence Number: Send correspondence to my Home ☐ Company ☐. (Choose One) Section 2 - Examination Information I would like to register for the following examination date and location. 2nd Choice: Location: Date: \_\_\_ If your first choice is not available, you will be scheduled into your second choice. We will notify you which location you are scheduled to write at no later than one week prior to the exam date. Section 3 - Confidentiality Personal information contained on this form will remain confidential and will be used to register participants in the IPM Accreditation Program, provide information updates to the IPM Council of Canada 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: \_\_\_\_\_ Section 4 - Payment \$250.00 (HST exempt) Incomplete information may hold up registration Payment by: (Choose One) ☐ Cheque (payable to "University of Guelph") ☐ Money Order ☐ VISA ☐ MasterCard Do not send cash (no refunds) Credit Card # \_\_\_\_\_ CVV Code # \_\_\_\_\_ Cardholder's Name: Cardholder's Signature: \_\_\_\_\_ Return completed application form and payment to: By Mail: IPM Accreditation Program University of Guelph, Ridgetown Campus 120 Main St F **RIDGETOWN ON NOP 2CO** By Fax: 519-674-1585 (with Visa/MasterCard payment only)

By Email: rcipmap@uoguelph.ca