



Pesticides and Toxic Chemicals Control Board

Pest Control Applicator Basic Proficiency Training 19th - 20th March, 2019.

REGISTRATION FORM

Please Type or Print clearly. Do not abbreviate

Kindly return the completed form as soon as possible but NO LATER THAN 16th March, 2019 to Ms.

Organizatio	on Name:		
Mr.	First Name:		
Ms.	Last Name:		
Functional	Title:		
Section/De	epartment:		
Complete (Mailing Address:		
elephone:	:		
E-Mail:			
Date of Bir	th (dd/mm/yy):		
Cost for F	Registration Guy \$10,000.0	D Payable Via: Orga	anization
		App	olicant
ignature o	of Applicant:		
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