

INNOVATIVE PEST MANAGEMENT ASSOCIATES, INC.

2400 Chamberlain Drive Plano, Texas 75023

Office 972-769-2440 FAX 972-964-8440

SPCS APPROVED TECHNICIAN TRAINING COURSE **REGISTRATION FORM 2021**

**COMMERCIAL AND NON-COMMERCIAL TECHNICIANS MUST ATTEND THE
TECHNICIAN TRAINING COURSE BEFORE APPLYING FOR THE LICENSE EXAMS**

IPM Associates, Inc. will be offering the SPCS Approved Technician Training Course conducted by Ray Thompson, PhD Entomologist or an Associate on the following schedule. Personnel with a Technician Apprentice License (Commercial or Non-Commercial) **must** attend this course prior to submitting an exam application for the Technician License or the Noncommercial Certified Applicators License.

If you want your personnel to attend our Technician Training Course, please register them @ **\$145.00/person*** at least 5 days prior to the attendance date. You may email or Fax your registration to us and pay the fees by mail or at the door on the day of the class.

We accept Credit Cards, Cash, Checks, Money Orders and Purchase Orders.

TRAINING MANUAL WILL BE PROVIDED BUT, BRING A HIGHLIGHTER & A PEN OR PENCIL THIS PROGRAM WILL BE HELD IN OUR TRAINING FACILITY AT:

Hurst IPMA Learning Center - 720 West Harwood Rd., Suite 200 76054

Plano IPMA Learning Center - 2309 K Avenue, Suite C, Plano, TX 75074

The Courses will start at 9:00 AM and conclude by 5:00 PM on the scheduled dates.

Registration must be completed at least five days prior to date selected.

******Select the Date of Attendance from the Following Schedule:******

Plano -- January 9, March 13, May 8, July 10, September 11, November 13

Hurst -- February 13, April 10, June 12, August 14, October 9, December 11

Note: Attendance in the Plano location is limited to 15.

We can also conduct this class In-House with 4 or more Techs. Give us a call.

Complete & E-mail Registration Form to: drray@ipmassociates.com

Fax to: 972-964-8440 or Mail to: IPM Associates, Inc. at 2400 Chamberlain Dr., Plano, Texas 75023

THIS FORM CAN BE COMPLETED ON YOUR SCREEN AND EMAILED BACK TO US.

(Please Print or Type your full Name as it Appears on your SPCS License Card or your TX Drivers License)

First Name _____ Last _____ MI _____

Technician Apprentice Lic. # / TX Drivers Lic. # _____ Attendance Date _____

Company Name _____ Business License # _____

Contact Person _____

Company Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Contact Email _____

***Ask us how you can register and attend this class with a 50% discount!**