INNOVATIVE PEST MANAGEMENT ASSOCIATES, INC.

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SPCS APPROVED TECHNICIAN TRAINING COURSE REGISTRATION FORM 2024

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 Non-Commercial Certified Applicators License.

If you want your personnel to attend our Technician Training Course, please register them @ \$145.00/person* at least five days prior to the attendance date. You may email or Fax your registration 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, whichever is more convenient for you and your company.

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

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:

Feb 10, Mar 9, Apr 13, May 11, Jun 8, Jul 13, Aug 10, Sep14, Oct 12, Nov 9, Dec 14

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

Classes subject to Reschedule or Cancellation if Minimum Attendance of 4 Techs is not met.

We can also conduct this class In-House on other dates with 4 or more Techs. Give us a call for details.

Complete Registration Form for the Technician Training Course.

(Please type your Name as it is on your SPCS License Card or your TX Drivers License. NO NICKNAMES)

s your business on the IPM Associates Records Program? Select Yes or No.				
First Name	Last_			_ MI
Tech. Apprentice Lic. # / T	XDriversLic. #	Attend Date		
Company Name		Business License #		
Contact Person				
Company Address		City	State	Zip
Phone I	^r ax	Contact Email		

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