

Philip J. Hamman Termite Control Training School

Registration form

(Please copy this form for each employee attending)

Name: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City, State and ZIP: _____

Phone: _____ FAX: _____

Email: _____

Sign up for which class date? _____

Tuition for the class is \$325 per person.

If paying by credit card, please list name of cardholder _____

Type of card (circle one): Visa* MC* AMEX** Discover

Card # _____ Exp. Date _____

Signature _____ Total Amt. paid \$ _____

*3 digit code from back of Visa or MC: _____

**4 digit code on front for Amex _____

Billing address & zip code: _____

Fax to: 979 845-5926

If paying by check, make checks payable to "**Department of Entomology**"

Mail to:

Dept. of Entomology

c/o Dr. Roger E. Gold

2143 TAMU

College Station TX 77843-2143

Attn: Philip J. Hamman Termite Control Training School

PLEASE DO NOT PUT "TEXAS A&M" ANYWHERE ON THE CHECK