

February 23, 2006

Dear Prospective Attendee:

Thank you for your interest in attending the next session of the Philip J. Hamman Termite Control Training School.

The next session will be from Tuesday, April 18 to Thursday April 20, 2006. The classes will begin at 1 pm on Tuesday and end at 3 pm on Thursday. Future dates for 2006 are to be determined.

The cost of the school is \$325.00 per person. Lunches on Wednesday and Thursday are provided. To register, please copy the attached sheet and use one for each employee attending. At the present time, the school can only accept personal or company checks. Make the checks payable to **“Department of Entomology.”**
PLEASE DO NOT USE THE WORDS “TEXAS A&M” ON THE CHECK

The mission of the Philip J. Hamman Termite Control Training School is to produce an expert termite control specialist. The classes include lectures, field laboratories and practical training with current termite control and inspection equipment. The majority of the instructors have been licensed Termite Control Specialists in the state of Texas and understand both the business and the science of termite control.

All graduates of the school are listed on the Texas A&M University termite web site (<http://termite.tamu.edu>). This list is accessible by citizens of the state and many use this list as a guide in selecting a termite control Specialist.

The classes are limited to 20 students per session to provide the best possible student-teacher ratio. One does not need to have a current Termite Category license to attend the school. Many of the students have used this school as their introduction to the termite control business.

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