

Pesticide & Plant Pest Management

REQUEST FOR SEMINAR CREDITS(SUBMIT THIRTY (30) DAYS PRIOR TO THE DATE OF SESSION)

DATE SUBMITTED:					
MEETING TITLE:					
PERSON REQUESTING CREDITS:					
PHONE #:	()	FAX #: ()		
AFFILIATION:		E-MAIL:			
STREET ADDRESS:					
CITY:		STATE:	_ ZIP:		
HOST: (If different than above.)					
NAME:					
BUSINESS NAME:	,				
STREET ADDRESS:					
CITY:		STATE:	_ ZIP:		
LOCATION OF MEE	TING:				
FACILITY NAME:	COUNTY:				
STREET ADDRESS:					
CITY:		STATE:	_ ZIP:		
DATE(S) OF MEETING:					
ANTICIPATED NUMBER OF PARTICIPANTS WHO WILL REQUEST CREDITS:					
REQUESTED NUMBER OF CREDITS:					
REQUESTED CERTIFICATION CATEGORY(IES):					

☐ CHECK HERE IF YOU ARE REQUESTING CERTIFIED CROP ADVISOR CREDIT IN
THE PEST MANAGEMENT AREA.
♥ PLEASE FILL OUT AGENDA ON BACK ♥

AGENDA

List the following information. Be specific.

L	ist the following information. Be specific	C
TIME (i.e. 9:00 a.m 10:00 a.m.)	TOPIC	SPEAKER
		1

For MDA Use Only:			
☐ Approved	Number of Credits: Category(ies)		
Denied	Reason		