



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 MEETING:
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): _____

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For MDA Use Only:

Approved Number of Credits: _____ Category(ies) _____

Denied Reason _____