Application for IPM Certification Program for Cemeteries

University of Guelph Ridgetown Campus

General	Information: 519-674-	1500 x63575		Fax: 519-674-1585	Email: rcipmcpc@uoguelph.ca
Section :	1 - Personal and Comp	pany Information (p	orint clearly in ink)		
Name of	Applicant (First, Midd	le, Last):			
	Birth (Month/Day/Year				
Home A	ddress (#, Street, Apt. /	/Unit):			
				Telephon	e:
Preferre	d Email Address:		Company Emai	l Address	
Compan	y Name:				
Compan	y Address (#, Street, A _l	pt. /Unit):			
City/Tow	/n:	Prov:	Postal Code:		
Compan	y Telephone:	Cor	mpany Fax:		
Landsca	oe Exterminator Licenc	e Number:		Expiry [Date:
Cemeter	y(ies) to represent:				
Send cor	respondence to my Ho	ome Company	☐. (Choose One)		
	2 - Examination Inform ike to register for the f		ion date and location.		
1st Choic	ce: Location:		Dat	te:	
				te:	
-	rst choice is not availal no later than one weel		· ·	d choice. We will notify you v	which location you are scheduled to
Personal				d will be used to register parti to evaluate the impact and us	cipants in the IPM Certification efulness of the program.
I certify t	that the information gi	ven on this form is	true and correct.		
Signatur	e:		Date:		_
	4 –Payment \$200.00 (I	• •	Incomplete informatio	n may hold up registration	
Payment	t by: (Choose One)				
☐ Cheq	ue (payable to "Univer	sity of Guelph")	l Money Order □ VISA	. □ MasterCard	
Do not s	end cash (no refunds)				
Credit Ca	ard #				
Expiry D	ate	CVV Code #			
Cardholo	der's Name:				
Cardholo	der's Signature:				
Return c	ompleted application	form and payment	t to:		
By Mail:	IPM Certification Pro	gram for Cemeterie	es		
	University of Guelph,	, Ridgetown Campu	ıs		
	120 Main St East				
	RIDGETOWN ON NOP	2C0			
By Fax:	519-674-1585 (with \	Visa/MasterCard pa	ayment only) By Em	ail: rcipmcpc@uoguelph.ca	