



# 1-Day Austin CEU Workshop

Wednesday, February 27, 2019

Holiday Inn Midtown Hotel, 6000 Middle Fiskville Rd., Austin, TX 78752  
(Sleeping room rate is \$119 + tax; call 512-451-5757 for reservations)

## Wednesday, February 27, 2019 (Tentative Schedule)

- 8:00am – 8:30am**     **Registration Opens & Continental Breakfast**
- 8:30am – 9:30am     Cockroach Control and Challenges, Janis Reed (Pest)
- 9:30am – 10:30am    Operating Safely While Performing Services (General Safety)
- 10:30am – 11:00am**   **Break with Exhibitors**
- 11:00am – 12:00pm   Determining the Proper Amount of Materials to be Applied for Termite Services  
Dr. Bob Davis (Termite)
- 12:00pm-1:00pm**     **Lunch will be provided**
- 1:00pm – 2:00pm     General Law & Regulations, Allison Cuellar (General Law & Regs)
- 2:00pm – 3:00pm     Lawn & Ornamental Pests, Wizzie Brown (L&O)
- 3:00pm – 3:15pm**     **Break with Exhibitors**
- 3:15pm – 4:15pm     Weeds, TBA (Weed)
- 4:30pm**                 **Program Ends**

\*Course pending TDA approval.

## REGISTRATION FORM – February 27, 2019 – Austin, TX

Registration Rate     \$95 per person X \_\_\_\_\_ = \_\_\_\_\_ Total

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name (1): \_\_\_\_\_ Personal License Number: \_\_\_\_\_

Name (2): \_\_\_\_\_ Personal License Number: \_\_\_\_\_

Name (3): \_\_\_\_\_ Personal License Number: \_\_\_\_\_

Name (4): \_\_\_\_\_ Personal License Number: \_\_\_\_\_

Name (5): \_\_\_\_\_ Personal License Number: \_\_\_\_\_

### PAYMENT INFORMATION:

**Check or Money Order** - Payable to TPCA. Fax your registration form to 512-852-6772 and mail your payment and form to: TPCA, P.O. Box 1684, Austin, TX 78767. **Payment MUST be received by February 20, 2019 to avoid the \$25 late fee charge. Cancellations received after 2/20/19 will be charged a \$25 cancellation fee.**

**Credit Card**     **Check One:**  Visa      MasterCard      Discover      AMEX

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code \_\_\_\_\_ Total Amount \_\_\_\_\_

Print Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_