

REGISTRATION FORM

Landscape Industry Certified Technician Test Saturday, September 16, 2017 MATC • Mequon Campus 5555 Highland Road



REGISTRATION DEADLINE: August 31, 2017

	<u> </u>	ype. A separat	e registration is re	equired for e	ach applicant	. You may	photocop	y this	form**	
APPLICANT INFORMA	ATION									
Name				T-shirt			ne)	L	XL	XXL
Home Address				City			State		Zin	
									r	
Home Phone		Cell Pl	none		Email					
To become Landscape	e Industry Certified. P	LANFT recommend	s that you have a mini	mum of 2.000 h	ours of work exr	erience. Plea	se check vo	ur wor	k experienc	P:
		_1 year (2000 hours	•	2-5 years	5-10 ye		_10+ years		caperione	
EMPLOYMENT INFOR	RMATION									
Company Name										
Address				City			State		Zin	
Phone				Fax						
Manager's Name		Company Email								
TEST SPECIALTY	PLEASE SELECT ONE									
		One applicant	_,		nal applicants				cation for a	
☐ Softscape Installation		\$300 (member) \$400 (non-member)		•	\$275 (member) \$375 (each) (non-member)		\$225 (member) \$325 (non-member)			•
☐ Hardscape Installation		\$300 (member) \$400 (non-member)		\$275 (member) \$375 (each) (non-member)		-	\$225 (member) \$325 (non-member)			
☐ Turf Maintenance		\$300 (member) \$40	•		\$275 (member) \$375 (each) (non-member)		\$225 (member) \$325 (non-member) \$225 (member) \$325 (non-member)			
☐ Ornamental Ma		\$300 (member) \$40	•	•	r) \$375 (each) (nor	-	•	oer) \$3	25 (non-mem	ber)
Please note the	pricing for applicant if the	ney have already earn	ed a certification in one s	pecialty area and	wish to test for an	additional certi	fication.			
I will take the test in (circle one):			English	S	panish					
Test materials should be sent to (circle or		e):	Work	н	ome					
I require the followin	g special accommoda	tions:								
STUDY GUIDES	8 - p									
☐ Installation –	English -\$75	☐ Insta	Illation – Spanish - \$75	5 [Maintenance –	English -\$75		□Ма	intenance –	Spanish - \$75
PAYMENT INFORMAL	TON									
	Payme	nt MUST be red	eived with registi	ation. Please	e observe the	registratio	n deadlin	e.		
TOTAL AMOUNT DUE:										
Test Fee	\$		Study Guide	\$			Total	\$		
Payment Method:										
☐ Check	Please make checks pay	able to WLCA	□ Visa] MasterCard	☐ Discove	r	□ Ame	erican Express	
Card Number					Exp.Date				CVV	
Name on Card				Si	gnature					
-	Mail con	npleted registration a	nd payment to: WLCA • 2			53186 OR fax to	o: 262.786.242	4		

CANCELLATION POLICY

- THIS EVENT WILL NOT BE CANCELLED
- All cancellation requests must be in writing and received in the WLCA office on or before 5:00 PM on Friday, September 1, 2017. Telephone calls will NOT be accepted.
- Upon receipt of written cancellation on or before Friday, September 1, 2017, the Certification Program will issue a full refund. A check will be issued within two weeks of receipt
 of the written cancellation request.
- Cancellation requests received after September 1, 2017 will forfeit all fees to the Certification Program to cover administrative costs.
- If an applicant does not take the test for which they were scheduled and has not submitted a cancellation request in writing to the WLCA office by September 1, 2017, they will be categorized as a "no show."
- An applicant that is a "no show" forfeits all fees to the Certification Program to cover administrative costs.
- A medical doctor's written statement or family emergencies with proper documentation will be considered, but are not guaranteed refunds.