



## WORKSHOP INTEREST FORM

**PLEASE NOTE - This is only an interest form. Returning this form does not guarantee a spot at the workshop. The SPCB will contact you directly if selected for a workshop.**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Branch(es) of licensure: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you currently working in the pest control industry?

Yes

No

Are you an instructor for continuing education?

Yes

No

Are you a trainer for a pest control company?

Yes

No

Workshop date(s) in which you are interested?

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Please return this completed page to the SPCB by email to [pestboard@dca.ca.gov](mailto:pestboard@dca.ca.gov), fax at (916) 263-2469, or by mail to 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815.

You may also call the SPCB directly at (916) 561-8700 to express interest in the workshops or for any questions.