



Central States Enterprises

REGISTRATION FORM 7B RECERTIFICATION CLASS FOR THURSDAY, MARCH 31, 2016

Complete this form and return to:

COST
\$150.00 - before March 18, 2016
\$165.00 - at the door

Fax: 888-820-9896
Mail: PO Box 1692
Salina, KS 67402-1692

Company Name _____ Address _____

Phone Number _____ Email _____

First Name _____ Last Name _____ State _____ Applicator License Number _____

First Name _____ Last Name _____ State _____ Applicator License Number _____

First Name _____ Last Name _____ State _____ Applicator License Number _____

First Name _____ Last Name _____ State _____ Applicator License Number _____

Form of payment

Direct Bill

Check Total amount: _____ Check #: _____

Cash Total amount: _____

Credit Card Total amount: _____ Type: Visa MC Discover AMEX

Name on Card: _____

Card #: _____

EXP: _____ CCV # (3 digit code on back): _____

Billing address: _____

Any questions or concerns please call 800-527-8215.