



Meeting ID: _____

Name of Program:

Approved for these categories and credits:

Location:



A COMPLETE LICENSE NUMBER MUST BE INCLUDED FOR CREDIT TO BE GRANTED

Table with 5 columns: Print Full Name, MT License # (list all license #s), Phone Number, Email address, Signature. Multiple empty rows for data entry.

Return by Mail, Fax, or Email within 14 calendar days of the program date to:

Montana Department of Agriculture: Pesticide Course Attendance PO Box 200201, Helena, MT 59620 Email to: MeetingRequests-MTPlants@mt.gov

Sponsor Signature: _____ Date: _____ Page ____ of ____