**Stressed About Pests?**

**Integrated Pest Management Training for Heritage Preservation Professionals**

**Registration Form**

**Completed forms should be emailed to jwicke@winterthur.org**

Registration forms will be accepted on a first come first served basis, understanding that up to half the spots will be reserved for students and recent graduates

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student? Yes \_\_\_\_ No\_\_\_\_ Recent graduate (within the last 5 years)? Yes \_\_\_\_ No\_\_\_\_

I will attend both days of the workshop in full. Yes\_\_\_\_ No\_\_\_\_

***Course fee - do not include payment with this form. After your space is confirmed you will receive an invoice.***

***Your answers to the following questions will help the workshop leaders tailor some of the content to specific participant needs.***

Describe a challenge you anticipate in implementing or improving an IPM program in your institution:

Describe a skill you lack or gap in knowledge you have relevant to your role in an IPM program: