



## INTEGRATED PEST MANAGEMENT (COURSE/WORKSHOP REGISTRATION FORM)

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Date of Course:

Course Location:

Individuals Attending Course:

School/Day Care Name:

Address

City  State  ZIP Code

Contact E-mail Address:

Contact Phone Number:

Day Care Center

Public School

Other

Submit form by e-mail by clicking on the above box labeled "Submit by Email" or print form and mail to:

Illinois Department of Public Health  
Division of Environmental Health  
525 W. Jefferson Street, 3rd Floor  
Springfield, IL 62761

Fax: 217-785-0253

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