NCN Training, Test Registration Form  
And Manual Order Form

**Manual:**  
Each person taking the exam must purchase their own Manual.  
Manual - $60.00  
Shipping - $5.00  
Sales Tax (6.5%) - $4.23  
Total: $69.23

**Test Information:**  
Questions: Todd Faller – 402-362-2714  
Test Date: TBD

**Test Fees:**  
Are you or your employer a NNLA Member?  
Yes _____  No _____
NNLA Members  $50 first time  $20 for each retest section OR $45 for all three.  
Non-Members  $90 first time  $35 for each retest section OR $80 for all three.

**Test Schedule and Registration:**  
<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Session</td>
<td>Noon – 1:00pm</td>
<td>No Charge</td>
</tr>
<tr>
<td>Landscape Test</td>
<td>1:00 – 2:30pm</td>
<td>$_____</td>
</tr>
<tr>
<td>Plant Identification</td>
<td>2:30 - 3:30pm</td>
<td>$_____</td>
</tr>
<tr>
<td>Manual Test</td>
<td>3:30 – 4:30pm</td>
<td>$_____</td>
</tr>
<tr>
<td>Manual, if needed ($69.23)</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>$_____</td>
</tr>
</tbody>
</table>

Print name as you wish it to appear on all official certified records and printed materials.  
Name: ____________________________ Last 4 Digits SSN: ________________
Home Address: ____________________________ City, State, Zip: ________________
Home/Cell Phone: ________________ Home e-mail: ____________________________
Employer: ____________________________ Employer Address: ____________________________
City, State, Zip: ____________________________ Employer’s Phone Number: ________________

If you cancel, refunds will be granted within 10 days prior to the Certified Training and Test date.  Refunds will not be granted for anyone who does not show up the day or the test.  Fees may not be transferred.

Please include your check or credit card information:

Card Number: ____________________________ Exp. Date: ________________
Amount: ___________ Signature: ____________________________

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