

Iowa Certified Nursery Professional Testing Registration Form

June 20, 2018 Iowa Arboretum, Madrid

Name:			Company:			
Address: Phone:			City/State/Zip:			
						ICNP Exam Fees: (Please Selec
Complete Test Retest Plant ID Retest T/F Multiple Choice	st Plant ID		Non-Member Price ☐ \$150.00 ☐ \$80.00 ☐ \$80.00			
Re-Examination Any individual who does not suited to take a re-examination the new portion of the exam, that passing portion you did not pass.	ext time the exc	am is offered. If ar	n individual pass	es either the	plant identification or written	
Payment Options: (Please sele	ct one)					
☐ Invoice Me		Check Enclos	ed 🗆	Credit C	ard (complete form)	
		Credit Card Ir	formation			
	□ Visa	a □ Master	rCard 🗆 D	iscover		
Name as it appears on the card	:					
Billing Address of the card:			City/Sta	City/State/Zip:		
Card Number:			Exp date	2:	3-Digit Code:	