



Testing Registration Form

Please fill out this registration form completely.

If you have any questions please call MFA at 517-575-0110.

Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Ph: _____ Cell Ph: _____

Email: _____

Personal Registered Manual Number (located on lower right corner of the manual) _____

Exam dates and locations for 2010 (check one):

____ June 27th, 2010- Michigan Floral Association, 1152 Haslett Rd. Haslett, MI 48840

____ October 24th, 2010- Michigan Floral Association, 1152 Haslett Rd. Haslett, MI 48840

Please check which portion of the Exam you are registering for:

____ Testing for Hands-on Only: Cost \$175.00

____ Testing for Written Only: Cost \$75.00

____ Testing for Both Hands-on and Written: Cost \$250.00

Method of Payment: ____ Check ____ Visa ____ Mastercard ____ AmEx ____ Discover

Card Number: _____ Exp. Date _____

The undersigned acknowledges that they have thoroughly read the information contained within this packet and fully understands and accepts the application procedures and the requirements established by the CF Committee for membership.

Date _____
(Signature Required)

You will receive a letter of confirmation after your exam registration is received.

All Exam registrations MUST arrive at the MFA office at least 14 days prior to exam date!

Exam Registration Fees are NON-REFUNDABLE.

Mail Exam Registration Form to: MFA - PO Box 67, Haslett, MI 48840

Fax Exam Registration Form to: (517) 575-0115

E-Mail: cindy@michiganfloral.org