

DEGESCHAMERICA,INC.RECERTIFICATIONPROGRAM REGISTRATION
FORM

APRIL 23, 2025

REGISTER BY 4/1/2025 TO PREVENT A LATE CHARGE

NAME:

LAST NAME

FIRST NAME

MIDDLE

HOME ADDRESS:

ADDRESS

CITY

STATE

ZIP CODE COMPANY:

BUSINESS

TELEPHONE: _____

E-MAIL: _____

REGISTRATION FEE - \$250.00 (INCLUDES LUNCH) ; AFTER 4/1/25- \$300.00

TO REGISTER VIA MAIL, BE SURE TO INCLUDE THIS REGISTRATION FORM AND A CHECK FOR THE CORRECT AMOUNT. INCORRECT CHECKS WILL BE RETURNED AND REGISTRATION VOIDED.

SEND CHECKS PAYABLE TO DEGESCH AMERICA, INC. TO THE ADDRESS LISTED BELOW. YOUR CANCELED CHECK IS YOUR RECEIPT.

ACCOUNTING/RECERTIFICATION SEMINAR
DEGESCH AMERICA, INC.
P.O. BOX 116
WEYERS CAVE, VA 24486

PROVIDE YOUR CERTIFICATION NUMBER NEXT TO THE STATE(S) FOR WHICH YOU REQUIRE CREDIT:

STATE _____ LICENSE No. _____ STATE: _____ LICENSE No. _____
STATE _____ LICENSE No. _____ STATE: _____ LICENSE No. _____
STATE _____ LICENSE No. _____ STATE: _____ LICENSE No. _____
STATE _____ LICENSE No. _____ STATE: _____ LICENSE No. _____
STATE _____ LICENSE No. _____ STATE: _____ TX. AG. LICENSE No. _____
STATE _____ LICENSE NO. _____ STATE: _____ TX. ST. LICENSE NO. _____

NC APPLICATORS: PLEASE GIVE: LTYPE _____ & FNUM _____

NC DEALERS LICENSE: LTYPE _____ & FNUM _____

DUE TO NEW FEDERAL REGULATIONS, YOU WILL BE REQUIRED TO PROVIDE A PICTURE ID AND ALL APPLICATOR LICENSES FOR WHICH YOU WISH TO RECEIVE CREDIT

IF YOU HAVE ANY QUESTIONS ABOUT THE REGISTRATION PROCESS PLEASE CONTACT US AT
INFO@DEGESCHAMERICA.COM