

South Carolina Green Industry Association
CERTIFIED NURSERY PROFESSIONAL TEST REGISTRATION FORM

Test Date: Tuesday, January 21, 2020
Location: Columbia Metropolitan Convention Center, Columbia, SC

Written Test: 8:00 - 10:00 AM
Plant ID Test: 10:00 AM - 12:00 PM

Application Date: _____ Test Date: ____1/21/2020____

Name: _____

Home Address: _____

City, State, Zip: _____

Email: _____

Phone #: _____ SCGIA Member? _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Phone #: _____ SCGIA Member? _____

Name as you want it to appear on SCGIA CNP Badge: _____

Test Fee: SCGIA Members: \$25.00 Non members: \$50.00

Retest Fee: (Either or both portions) Members: \$15.00 Non Members: \$25.00

Full time employees of a member firm are eligible for member rate, with firm's approval.

Fee amount enclosed \$ _____ If retest, give last test date: _____

Credit Card Payments: Name on card _____ Circle: MC Visa Amex

Card number _____ Ex Date _____ CVV Code: _____

**Please bring a pencil, clip board and calculator. Complete and return this form with payment either
emailed to scgreenindustry@gmail.com or mailed to: SCGIA PO BOX 16 Columbia, SC 29202**

Deadline to register: January 15, 2020