



## Georgia Pre-Examination Training Program<sup>®</sup> ORDER FORM

The Georgia Pre-Examination Training Program<sup>®</sup> is a course that meets the requirements of the Rules of the Georgia Structural Pest Control Commission requiring that all new employees must received at least 10-hours of classroom training prior to taking the Employee Registration Exam.

This pre-recorded 10-hour program has been designed to present the information that is required during the classroom training. In addition, the Georgia Pre-Examination Training Program<sup>®</sup> will assist the new employee in preparing for the Employee Registration Exam.

Each licensed structural pest control business location must purchase their own copy of the Georgia Pre-Examination Training Program<sup>®</sup> for use within that particular location. The Georgia Pre-Examination Training Program<sup>®</sup> is a copyright protected program so the copying, recording, sharing or unauthorized use of any content in the course is strictly prohibited.

If purchasing more than three (3) copies at the same time, there will be a 10% discount added to the total order. An Order Form must be completed for each office location at the time of purchase. If you have any questions, please contact Terry by email at [twbowen59@yahoo.com](mailto:twbowen59@yahoo.com), calling 770-557-2704, or visiting [www.BowenConsultingEnterprise.com](http://www.BowenConsultingEnterprise.com) and completing an online submission form.

Cost (Select one):  \$350 for CPCO of Georgia members  
 \$450 for non-members

**PLEASE MAKE PAYMENTS PAYABLE TO:**

Bowen Consulting Enterprises  
 5556 Clover Rise Ln  
 Norcross GA 30093

*(If wishing to pay by credit card, please call Terry at 770-557-2704. There will be a \$10 CC processing fee.)*

Company Name \_\_\_\_\_

Company Physical Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Mailing Address if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Company Phone \_\_\_\_\_

\*Contact Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*By signing this Order Form, I agree that the Georgia Pre-Examination Training Program<sup>®</sup> shall only be used in the business location indicated above. I also agree and understand the Georgia Pre-Examination Training Program<sup>®</sup> is a copyrighted program and that by recording, copying or sharing of any content included in this program is considered copyright infringement.