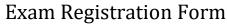
Plant California Alliance

California Certified Nursery Professional

MANDATORY Contact Information – ALL INFORMATION REQUIRED





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Name	 ndence; delivery of CCN Pro mate	erials)
Home Address		
City/State/Zip		
Phone	Email	
Employer Information - Signed Contract and Em		
Employer/Nursery Name		
Address/City/State/Zip		
Job position that best applies: ☐ Owner ☐ General Manager ☐ Buyer		
Education level that best applies: ☐ Some High Some College/University ☐ College/University ☐ Hardicate Degree: ☐ 2-year Degree ☐ 4-year	iversity Degree	ed Degree
Exam Registration Indicate Location/Date & Exam Choice:	Location: Date:	
Signed contract including work verification and all exam fees must be received by the PCA office 5 business days prior to the date of the exam.	PCA Member Rates ☐ \$65 Initial Exam ☐ \$50 Retest Exam Date of last attempt:	Non-Member Rates ☐ \$200 Initial Exam ☐ \$125 Retest Exam Date of last attempt:
Retail Garden Center Manual	□ \$30	□ \$45
Retail Garden Center Study Guide	□ \$15	□ \$35
SUBTOTAL ADD 8.75% SALES TAX TO MATERIALS ONLY TOTAL	\$ \$ \$	
PAYMENT METHOD:		_
□ Check payable to "Plant California Alliance" □ Credit Card: □ Visa □ Maste	" erCard □Amex	
Card No.		Zip:
Cardholder Name (please print)		
Signature:	Date:	
Fee (minus a \$15 processing fee) is refunded only if Po	CA is notified of cancellation at least	72 hours prior to exam.

Please submit completed form and payment: