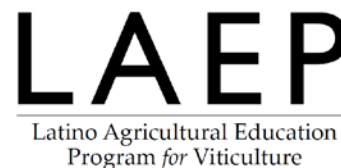


Level 3 -Vineyard Management and Integrated Pest Management



2017-2018 REGISTRATION FORM

Offered, in partnership, by Wenatchee Valley College, the Washington Winegrowers Association, and Yakima Valley Community College

The goal of LAEP is to equip Latino employees in the wine and grape industry with the technical expertise that will allow them to advance and flourish within their profession. This course provides intensive technical instruction to prepare Latino vineyard employees as pest management scouts and to introduce them to basic vineyard economics and management. The purpose of this course is to prepare students for mid-management and management positions. Students participate in at least one industry field trip.

REQUIREMENTS Completion of Level 1 and Level 2 courses is highly recommended. Basic English conversational skills and some ability to read and write in Spanish. Regular attendance is required. Students (and their employers) must be committed to employee's attendance to all classes.

LOCATION Yakima Valley Community College, Grandview Campus

SCHEDULE Every Friday from November 3 through March 16, with a break in December.

INSTRUCTORS Leo Garcia and Francisco Sarmiento of Wenatchee Valley College

FEE \$375 per person to cover field trips, books, and related expenses. This fee *includes* attendance at the Spanish language session during the February 2018 Winegrowers Convention. *Wenatchee Valley College covers the \$1,800.00 college tuition fee.*

REGISTRATION To register for this course, complete this form and send to Washington Winegrowers or contact our office at 509-782-8234. *Class size is limited to the first 30 paid registrants.*

NOTE College registration forms from Wenatchee Valley College will ask if the student is a citizen. If not, a copy of the Alien Registration form is required.

PAYMENT Number of students _____ x \$375 = **Total amount due** \$ _____

My check made payable to Washington Winegrowers is enclosed

I would like to pay with a credit card, please call me for card information.

*Payments must be received by **October 24**. Cancellation requested prior to October 24 can be refunded less at 20% processing fee.

*Please complete the below information for the **billing** contact for registered students. Student information is on page 2 of this form

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Student Name: _____ **Company:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Mobile: _____ **Email:** _____

Student Name: _____ **Company:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Mobile: _____ **Email:** _____

Student Name: _____ **Company:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Mobile: _____ **Email:** _____

Student Name: _____ **Company:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Mobile: _____ **Email:** _____

**print additional pages to register more students.*