



Smart practices. Sustainable solutions.

CERTIFIED LANDSCAPE IRRIGATION AUDITOR COURSE & EXAM

Learn how to perform field tests on irrigation systems to determine efficiency, as well as how to combine plant water use, soils and local weather data to calculate accurate water schedules for irrigation systems.

Professional Edge: Deals directly with the issue of wise water management. Many municipalities and property managers are now requiring water audits of their irrigation systems.

***EXAM registration & exam fees are separate and payable directly to the Irrigation Association.**

No later than August 15th

Downloadable forms available at
www.irrigation.org or 703-536-7080

EXAM Only Fees

IA MEMBER	\$200 USD
NON-MEMBER	\$325 USD
EXAM RE-TAKE IA MEMBER	\$75 USD
EXAM RE-TAKE NON-MEMBER	\$125 USD

WHEN & WHERE

Course:

Tuesday
September 15, 2009
8:00am - 5:00pm

Wednesday
September 16, 2009
8:00am - 12:00pm

**Register with Turf
Care by Aug. 15/09**

Exam:

Wednesday
September 16, 2009
1:00pm - 5:00pm

***Register with IA by
Aug. 15/09**

Location:

Best Western
Brant Park Inn
19 Holiday Drive
Brantford, On
(519) 753-8652
www.brantparkinn.com
**Preferred room rate
\$99.99 for Sept. 15/09**

Organized by:



Presented by:

C.PINE ASSOCIATES, INC. MEMBER OF IA
Positive Results. Solutions....for the green industry.



To Register for COURSE:

- 1. Email: christines@turfcare.ca
- 2. Mail or Fax: Course registration & payment to:
 Turf Care Products
 Attn: Christine Stein
 200 Pony Drive
 Newmarket, On L3Y 7B6
 Fax: 905-836-0995
 Ph: 905-836-0988 ext. 7096

BEST WESTERN
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 19 Holiday Drive, Brantford, On
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\$99.99/room for Sept. 15/09

COURSE Only Fees

Landscape Irrigation Auditor

Course Fee \$250 CAD + GST
 (Lunch & Course Booklet Included)



Please complete one form for each course registrant

Name: _____

Company Name: _____

Address: _____

City, Prov. & Postal code: _____

Phone Number: _____ Email: _____

Method of Payment

- Turf Care Acct# _____
- Visa# _____ Code _____ Exp. Date ____/____/____
- MC# _____ Code _____ Exp. Date ____/____/____
- Amex# _____ Code _____ Exp. Date ____/____/____

Name as it appears on card _____ Signature _____