

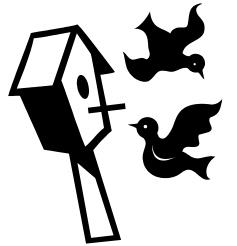


**THE OREGON PEST CONTROL
ASSOCIATION
PRESENTS**

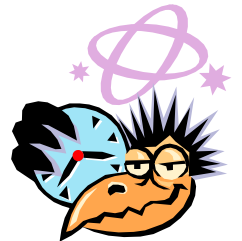
A 4-HOUR BIRD TRAINING SEMINAR

APRIL 17, 2010

**EAGLE'S LODGE
1375 Irving Rd
EUGENE, OREGON
9:00 am—1:30 pm**

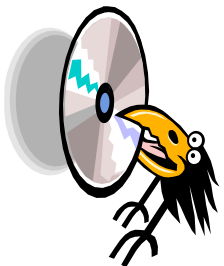


**A block of rooms has been reserved at the Shilo Inn at
3500 Gateway for those who want to arrive Friday
\$67.00 per night
Pet friendly
Hot continental breakfast**



**OREGON PEST CONTROL ASSOCIATION
PO Box 42042
Eugene, OR 97404**

**IMPORTANT
SEMINAR
INFORMATION
INSIDE**



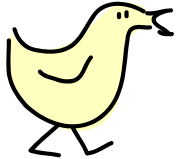
4 Hour Course Outline Overview

Presented by Ian Rowsby, International Sales Manager with Bird B Gone

When: Saturday, April 17, 2010
Where: Eagle’s Lodge—1375 Irving Rd, Eugene, OR
Time: 9:00 am—1:30 pm
4 ODA and WSDA credits have been applied for

8:30 am **REGISTRATION**
9:00—10:00 am **Marketing Bird Control**

- Look!
- Get the Word Out
- Inform Current Customers
- Subcontract for other PCO’s
- Advertise
- Networking with other companies
- Get Sales Leads
- Public Relations
- Job Site Promotion
- Create Sales Tools

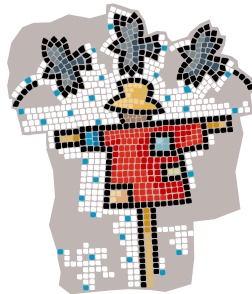


10:00 – 10:15 am - BREAK
10:15—11:45 **Products/Installation Overview**

- Cleaning/Disinfecting
- Netting/Exclusion/Bird Slope
- Spike Systems / Electric Systems
- Bird Wire/Bird Spikes
- Reduction Methods / Misting Units

11:45 am – 12:30 **LUNCH** (provided)
12:30—1:30 pm **Site Evaluation**

- Tools Needed
- Identify your Pest Birds
- How many birds are there
- Using Site Evaluation Form
- “Sketching” the Problem
- Access Equipment
- Bird Problem slide show



This last hour will also include training on how to install net. We will have two 6’x6’ frames to give hands-on training experience.

Registration Form
April 17, 2010

Company Name _____

Phone _____ e-mail _____

Attendee Name(s) _____

Member \$40.00 ea \$ _____

Non-member \$60.00 ea \$ _____



Payment Options:

Check enclosed made payable to OPCA; mail to PO Box 42042 Eugene, OR 97404; Fax to 541-461-6768; or email opca@opca.org

Pay by Visa or M/C

Card Number _____ Exp Date: _____

Address where you receive your credit card monthly statement:

_____ Zip Code _____

Name on the card _____

Registrations must be received by **April 12** and **No Cancellation refunds will be made after April 13.**