

**THE MARYLAND NURSERY AND LANDSCAPE ASSOCIATION, INC.**

**CERTIFIED PROFESSIONAL HORTICULTURIST**

**CONTINUING EDUCATION RECORD**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Company: \_\_\_\_\_

Educational Event Attended: \_\_\_\_\_

\_\_\_\_\_

Date of Event: \_\_\_\_\_

Attendee Signature: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

(for verification of attendance)

Upon completion, please fax form to the MNLA office at 410-296-8288.

or mail to:

MNLA  
P.O. Box 726  
Brooklandville, MD 21022

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