



Serving The Nursery And Landscape Industry Since 1925

Illinois Certified Nursery
Professional
Annual Re-Certification
Jan. 1, 2017 – Dec. 31, 2017
Information Form



NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

ICN CERTIFICATION DATE / LAST YEAR RE-CERTIFIED / CERTIFICATION DESIGNATIONS
_____/_____/_____

EMPLOYER COMPANY NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____ WEB ADDRESS: _____

This form and Continuing Education Point form must be submitted by January 31st with required
\$30.00 Annual Re-certification fee.
Thank you for re-certifying.

Please make checks payable to the: Illinois Green Industry Association

Mail both completed forms and payment to:
IGIA
2900 Greenbriar Drive
Springfield, IL 62704
Or fax with credit card information to 217-546-4703
(Questions 217-546-4733)

VISA/MasterCard accepted

Card #: _____ Exp. date: _____ / _____

Cardholder signature: _____ 3-digit security code: _____