

**Certified Prescribed Fire Manager  
2016/17 Registration Form**

Name \_\_\_\_\_ SSN \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Session Requested \_\_\_\_\_

<u>Session date</u>	<u>Location</u>
<i>October 11, 2016</i>	<i>Columbia</i>
<i>October 26, 2016</i>	<i>Florence</i>
<i>November 15, 2016</i>	<i>Moncks Corner</i>
<i>January 11, 2017</i>	<i>Columbia</i>

**Please remit with a check for \$50 payable to *South Carolina Forestry Commission*.  
Mail to:**

**South Carolina Forestry Commission  
Leslie Woodham  
PO Box 21707  
Columbia, SC 29221**