Tree Risk Assessment Qualification Renewal Course

Monday, 3 May 2021
Oconomowoc, Community Center - Assembly Rm C
220 W Wisconsin Ave • Oconomowoc WI 53066

REGISTRATION DEADLINE:
Thursday, 1 April 2021

REGISTRATION FORM

This form is to apply to attend a Tree Risk Assessment Qualification Course and Assessment. If you need to apply for a TRAQ exam retake only, you must contact qual@isa-arbor.com or call +1 678.367.0981.

First Name: _____ Last Name: _____

Preferred Name for Badge: _____ Business Name: _____

Physical Address: *(Required for shipping materials)* _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Cell phone: _____ Extension: _____ Email: _____

Are you a current ISA Member? ☐ *Yes* (ISA Member Number _____) ☐ *No* Are you an WAA Chapter member? ☐ *Yes* ☐ *No*

Current TRAQ Expiration Date: _____ *Current ISA Credential ID:* _____

Special Dietary Considerations: _____

Special Accommodations Requests:
If you have an accommodation request, please complete the Special Accommodations Request Form and submit it with your application. You may find the form online at www.isa-arbor.com/Accommodations.

Prerequisites:
To renew the Tree Risk Assessment Qualification (TRAQ) you must currently hold the TRAQ credential and be within at least 18 months of the credential expiration date.

REGISTRATION TYPE (Includes TRAQ Manual and Risk Clipboard, with lunches and breaks on full days.)

☐ ***ISA and/or Chapter member $220*** ☐ ***Non-member $260***

Applicants must submit form and registration payment by the registration deadline.

Onsite registration is not available.

☐ **By applying to participate in a TRAQ event, I authorize the ISA to make my registration and contact information available to the local chapter / associate organization. I agree to the terms, conditions, and policies outlined in the Tree Risk Assessment Qualification Application Guide.**

METHOD OF PAYMENT

☐ Check, payable in U.S. funds to "Wisconsin Arborist Association"

☐ Credit Card. Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____ Exp. Date: _____ Security Code _____

Name on card: _____ Signature: _____

Billing Address: _____

Registration is limited. *Please mail or email your completed form along with payment by 1 April 2021 to: WAA, PO Box 189, Eagle, WI 53119-0189 or by email to admin@waa-isa.org. WAA will retain a $50 cancellation fee for all cancellations before the deadline. No refunds will be issued after the registration deadline. For registration questions, please e-mail admin@waa-isa.org.*