**OakSTeP: Oak SOD Testing Program Registration Form**

**(Please fill in all fields)**

**Date: Full Name:**

**Zip code: Email:**

**$200 payment: YES/ NO If yes, confirmation number:**

**Your occupation/title, circle one:**

 Licensed Arborist Licensed Urban Forester

 Licensed Pesticide Applicator UC Master Gardener

 City or County Parks and Recs Private or Public Preserve Manager

Other

**License number or equivalent:**

**Full Shipping address:**

**Phone number:**

**Where have you heard about the OakSTeP program (circle all that applies):**

 Referred by a colleague Referred by landowner

 From boss or company owner Web

 Media (radio, TV, newspapers) SOD Blitz

 Professional publication or email UC publication or email

 UC Extension personnel County Ag office

Other

**Estimate number of oaks per year you will test for SOD infection (circle one):**

 0-10 10-50 50-100 100-200 don’t know

**email scanned form to:**

**registration@oakstep.org**

**or mail completed form to:**

Doug Schmidt, c/o OakSTeP program, 54 Mulford Hall, Berkeley, CA 94720

Within a week, you will receive your **OakSTeP** username and password, necessary to access all services offered by the program on the website [**www.oakstep.org**](http://www.oakstep.org)

By sending this form in, you consent to the publishing of results by UC. All data are published anonymously (i.e. without the names of owners or of tree care specialist).