

2024 Certified Training Program Answer Sheet

Fax to: 815-895-1873 or Email: to Karin@provenwinners.com (Complete by May 1, 2024)

Employee Name: _____ Email: _____

Company Name: _____ Company Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Phone: _____

Employee _____ of _____ registered employees (i.e. Employee 1 of 3 registered employees)

1. a.
b.

2. a.
b.
c.
d.

3. a.
b.
c.
d.

4. a.
b.
c.
d.

5. a.
b.
c.
d.

6. a.
b.
c.
d.

7. a.
b.
c.
d.

8. a.
b.
c.
d.

9. a.
b.
c.
d.

10. a.
b.
c.
d.

11. a.
b.
c.
d.
e.

12. a.
b.
c.
d.

13. a.
b.
c.
d.
e.

14. a.
b.
c.
d.

15. a.
b.
c.
d.
e.



2024 Group Certification Reward Form

Thank you for participating in the 2024 Retailer Certification Program. Best of luck to you this year!

Please fax only one master test and this sheet.

Fax to: 815-895-1873 or Email to Karin@provenwinners.com (Complete by May 1, 2024 to receive rewards.)

Company Name: _____

Main Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Phone: _____

Choose 1 group reward for all employees to receive:

- A. T-shirt (indicate unisex size and color below)
- B. Cap with adjustable strap
- C. \$6 POP credit
- D. Let employee choose their own reward below

Please write your name clearly and include your email address. Check the boxes if you would like to receive our **Retail Newsletter (RNL)** or if you want your first name included on the your garden center listing on our website as a **Certified Professional Employee (CPE)**. Indicate store location below if different than above.



Employee Name: _____ Location: _____ Email: _____ RNL CPE

A. Unisex T-shirt sizes and color: SM MD LG XL 2XL 3XL Dark Green OR Gray B. Cap C. \$6 POP credit

Employee Name: _____ Location: _____ Email: _____ RNL CPE

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