

# 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:** \_\_\_\_\_

**Which SOB Blitz meeting did you attend:** \_\_\_\_\_

**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](mailto: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).