

Office Use Only:

Rec.# _____

Payment Type: _____

Date: _____

WORKSHOP REGISTRATION FORM

NAME OF WORKSHOP: BEEKEEPING IN ALABAMA: SPRING SERIES

Name(s): _____

Address: _____

City: _____

Zip Code: _____

Home Phone#: _____

Cell Phone #: _____

Email Address: _____

\$10.00 per class

_____ number of participants x \$25.00 3-part series = \$ _____ (total amount enclosed)

Pest & Disease Defenses
Tuesday, February 20, 2018 6:00-8:00 pm

Spring Hive Management
Tuesday, February 27, 2018 6:00-8:00 pm

Most Frequent Mistakes & How to
Avoid Them
Tuesday, March 6, 2018 6:00-8:00 pm

REGISTRATION DEADLINE IS FEBRUARY 16, 2018

Mail or bring form to:
Cullman County Extension Office
402 Arnold Street NE Suite G-1
Cullman, AL 35055
(256) 737-9386



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