

Office Use Only:

Rec.# _____

Payment Type: _____

Date: _____

WORKSHOP REGISTRATION FORM

NAME OF WORKSHOP: INVASIVE PLANT MANAGEMENT

Name(s): _____

Address: _____

City: _____

Zip Code: _____

Home Phone#: _____

Cell Phone #: _____

Email Address: _____

_____ number of participants x \$25.00 (lunch included) = \$_____ (total amount enclosed)

REGISTRATION DEADLINE IS March 26, 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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