

Pest & Disease Workshop Registration Form

Your registration fee covers the workshop, dinner and handouts.

Farm Name _____

Address, City, State _____

Telephone _____

Registrants

1. _____

2. _____

3. _____

4. _____

5. _____

Number of attendees ____ x \$40 (MCTA members) _____

Number of attendees ____ x \$60 (non-members) _____

After June 6 add \$10 per person _____

Total Due _____

Please return this completed form with payment to:

MCTA, P.O. Box 377, Howell, MI 48844

Pest & Disease Workshop Registration Form

Your registration fee covers the workshop, dinner and handouts.

Farm Name _____

Address, City, State _____

Telephone _____

Registrants

1. _____
2. _____
3. _____
4. _____
5. _____

Number of attendees ____ x \$40 (MCTA members) _____

Number of attendees ____ x \$60 (non-members) _____

After June 20 add \$10 per person _____

Total Due _____

Please return this completed form with payment to:

MCTA, P.O. Box 377, Howell, MI 48844