# *MCTA's 2015 Choose & Cut Meeting*

Farm: _____

Address: _____

City, State, ZIP: _____

Phone: _____ E-mail: _____

Attendees:

1) _____

2) _____

3) _____

4) _____

Please return registration form and payment to: **MCTA, P.O. Box 377, Howell, MI 48844**
Registration can also be emailed or faxed with payment at the door:
517-545-4501 (fax) marsha@mcta.org