Pruning Workshop



Registration Form

Name:		
Company Name:		
Address:		
City, State, ZIP		
Phone:		
E-mail Address:		
	uGA Grit Student 1109 Ex	Learning Center Room 104 periment Street GA 30223
Cost.		ludes all printed materials, lunch and refreshment breaks
Pleased	d make ye	our check to "University of Georgia" & mail your completed registration form & check to: Center for Urban Agriculture Attn: Beth Horne 1109 Experiment Street BAE #109 Griffin, GA 30223

Office use only: Date Paid: _____ Check #: ____ Amount: ____