

# Cornell Cooperative Extension



Name of Program: \_\_\_\_\_

Name: \_\_\_\_\_

Farm/Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\*Email for other participants \_\_\_\_\_

How many attending: \_\_\_\_\_

**Send Completed Registration Form and Check made payable to,  
CCE NCRAT, c/o Tatum Langworthy,  
203 North Hamilton Street,  
Watertown, New York, 13601.**