Capital District Vegetable and Small Fruit Program

2012 Enrollment Form

Use this form if your farm or agricultural business is located within the 11-county region our program serves.

NAME: ____________________________________________

BUSINESS: ________________________________________

ADDRESS: ________________________________________

COUNTY: __________________ FAX: __________________

PHONE: __________________ CELL: __________________

EMAIL: __________________________________________

Please print email address clearly.

2 year CDVSF Enrollment (includes 2 year subscription to Veg Edge, 2 years of Weekly Update, your choice of 1 Cornell Guideline and meeting announcements) $150.00 $ _________

1 year CDVSF Enrollment (includes 1 year subscription to Veg Edge, 1 year of Weekly Update, your choice of 1 Cornell Guideline and meeting announcements) $100.00 $ _________

Seasonal Enrollment (includes Weekly Update for 1 season) $40.00 $ _________

Choose how you prefer to have your newsletters delivered:

Veg Edge, monthly newsletter (you may choose both options)
  mail ________
  e-mail ________

Weekly Update, seasonal crop & pest management update
  mail ________
  email ________ (same day)

If you have chosen a 1 or 2 year enrollment, please choose 1 Guideline as part of your enrollment:

_______ Cornell Vegetable Crops Guidelines _______ Cornell Berry Crop Guidelines

Special Contributions can be made to the CDVSF Program $ _________

Additional Cornell Guidelines (include order total from back with payment) $ _________

TOTAL (Make checks payable to: CCE CDVP) $ _________

Return payment, enrollment form, additional Guideline order form and interest survey to:

CDVSFP, Cornell Cooperative Extension, Rensselaer County
Agriculture and Life Sciences Bldg., 61 State Street, Troy, NY 12180

☐ Please check the box if you DO NOT want us to publicly thank you for enrolling by listing your name in an annual report.
Capital District Vegetable and Small Fruit Program
2012 Satellite Enrollment Form
Use this form if your farm or agricultural business is NOT located within the 11-county region our program serves.

NAME: ____________________________________________

BUSINESS: _________________________________________

ADDRESS: _________________________________________

___________________________________________________

COUNTY: ___________________________ FAX: _____________

PHONE: ___________________________ CELL: ______________

EMAIL: ____________________________ Please print email address clearly

CDVSF Program Satellite Enrollment $200.00 $ ______

Satellite enrollment includes 1 year subscriptions to the Veg Edge newsletter and seasonal Weekly Update, 1 Cornell Guidelines, direct mailings, and reduced meeting fees. Satellite enrollment does not include farm visits or on-farm trials.

Veg Edge newsletter (you may choose both)
mail ______
e-mail ______

Weekly Update, seasonal crop & pest management update
mail ______ (same day)
email ______

Check one Guideline below to receive free with enrollment: (you can purchase additional guidelines on next page)

______ Cornell Vegetable Crops Guidelines

______ Cornell Berry Crops Guidelines

Additional Cornell Guidelines (include order total from back with payment) $ __________

Special Contributions can be made to the CDVSF Program $ __________

TOTAL (Make checks payable to: CCE CDVP) $ __________

Return payment, enrollment form, additional Guideline order form and interest survey to:

CDVSFP, Cornell Cooperative Extension, Rensselaer County
Agriculture and Life Sciences Bldg., 61 State Street, Troy, NY 12180

Please check the box if you DO NOT want us to publicly thank you for enrolling by listing your name in an annual report.