

Cornell Cooperative Extension | Lake Ontario Fruit Program

REGISTRATION FORM - *must be received by March 9, 2018*

PLEASE FILL IN ALL INFORMATION – Please provide attendees names as you want them to appear on the certificate!

Farm/Business Name _____

First Name _____

Last Name _____

First Name _____

Last Name _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Phone _____

Cell _____

Email 1 _____

Email 2 _____

FSMA 7 Hour Grower Training Course – \$70 per farm/business,
maximum 2 people from same farm/business

Number _____

\$ _____

Attending _____

Return completed form and check made payable to **Cornell Cooperative Extension** to:

CCE Lake Ontario Fruit Program, Attn: Kim Hazel, 12690 NY Rt31, Albion, NY 14411

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