

REGISTRATION FORM**2009 Crop Production Clinic Program January 21, 2009**Legal Name _____ Birthdate ____ / ____ / ____
Last First Middle

Permanent Address _____ Email _____

City _____ County _____ State _____ ZIP Code _____ -

 Female Male**Fee: \$50.00****Course No. AG 01001-01 (08S)**

Payment method:

(Check appropriate box)

 Check # _____ Make checks payable to: University of Nebraska–Lincoln Cash UNL/USDA/State employees list number to chargeReceipt: Check box if you require a receipt. They will be available during the morning break or noon hour.