WASHINGTON STATE UNIVERSITY
SNOHOMISH COUNTY EXTENSION

Please register me for the following workshops:

Class Title	*Qty*	*Cost*	*Total*
_____	_____	*$*_____	*$*_____
_____	_____	*$*_____	*$*_____
_____	_____	*$*_____	*$*_____
_____	_____	*$*_____	*$*_____

TOTAL ENCLOSED *$*_____

Registration Information

Name(s): _____

_____

Email: _____ Cell: _____

Company: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Check all that apply:

❑*Farmer/Rancher* ❑*Nursery/Greenhouse Operator* ❑*Landscaper/Arborist* ❑*Homeowner*

❑*Rural Landowner* ❑*Condo/Apartment Dweller* ❑*Other*_____ ❑*Master Gardener #*_____

Payment Information

To register mail (or drop off) this form with your check at least one week before workshop date.
Please make checks payable to: *Washington State University*
Mail check and registration form to: Karie Christensen
WSU Snohomish County Extension
600 - 128th St SE
Everett, WA 98208-6353
Registration deadline is two days before workshop date. Last minute registration accepted only if space is available.
Questions? Call Karie Christensen at 425.338.2400 or email: klchristen@cahnrs.wsu.edu

Refund Policy: *Cancellations can be made until two days prior to class, at which time the registration fee, less $20 will be refunded. No refunds after that time, nor for "no shows". Class substitutions are acceptable at any time. WSU reserves the right to cancel workshops if there is insufficient registration.*

Discrimination/Accommodation Policies. *Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Persons with a disability requesting special accommodation can request accommodation 21 days before training at 425.338.2400. If accommodation is not requested in advance, we cannot guarantee availability on-site.*

Scholarships: A limited number of needs-based scholarships to fund a portion of class fees are available. For more information and a needs-based application, call 425.338.2400 or email klchristen@cahnrs.wsu.edu.

*pmt type*_____ *date rec'd*_____ *amt pd $*_____ *initials*_____
*ck#*_____ *d-receipt*_____ *paid by*_____