



Cooperative Extension
College of Agricultural Sciences



Illinois

Workshop Title:		
Workshop Description:		
Contact Name:		
Contact Email:		
Contact Phone Number (include area code):		
Instructor Name:		
Instructor Email:		
Instructor Phone Number (include area code):		
Is the Instructor an Extension Educator?	Yes	No
Is the Instructor State Certified?	Yes	No
Workshop Start Date:		
Start Time:		
End Time:		
Workshop Stop Date:		
Start Time:		
End Time:		
Building Name & Room Number for Workshop:		
Address:		
City/Town:		
State/Zip:		
Workshop Fee:		
Maximum Number of Participants:		
Special Instructions:		

Extension programs and employment are available to all without discrimination.

Evidence of noncompliance may be reported through your local Extension office. This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the U.S. Department of Defense under Award No. 2009-48667-05833.

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