Agritourism Short Course Registration

January 9, 2008
Charleston Civic Center

Name of Firm:_____

Name(s)
Attending:_____
_____

Address:_____

City:_____State:_____ Zip:_____

Phone:_____
FAX:_____

Email:_____
URL:_____

Number attending_____ x $35.00/person = $_____

Check method of payment:

☐ Check Circle one: Prepaid Onsite Payment
(Make checks payable to: "*WVDA*"

☐ Cash Circle one: Prepaid Onsite Payment

☐ Bill us Address and organization for billing:_____
_____

☐ Credit Card
Type(circle) VISA Mastercard
Number:_____
Expiration:_____ _____
Security Code:_____
Name on card:_____

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