

**COLLEGE OF AGRICULTURE AND FOOD SCIENCES  
FLORIDA A&M UNIVERSITY**

**REGISTRATION FORM  
IPM Winter FIELD DAY  
(10 January 2013)**

Registration Fee (None)

Name:          First:                          Middle:                          Last:  
\_\_\_\_\_

Address: \_\_\_\_\_

City:    Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: Male  Female

Please Select One:

Grower  Faculty & Staff   
Backyard Gardener/Hobbyist  Others  Please specify: \_\_\_\_\_

Ethnicity:

Asian  Black  Hispanic  White  Others  Please specify: \_\_\_\_\_

Knowledge of Gardening: None:  Somewhat:  A lot:

Your knowledge of IPM: Basic:  Middle:  Higher:

Your IPM needs: Please specify? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How best can we serve you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_