2020 Virtual CCA Training Registration Form

Registration Deadline: Monday, November 30th Name : _____ Company: Address: State: _____ Zip: ____ Cell Number: _____ Registration Fee: \$50.00 For Questions or Concerns: Make checks payable to: Lead Coordinator **Duplin County Extension Center** Grayson Wells Greene County Cooperative Extension **Please Mail Check and Registration Form to:** Cell: 919-222-7067 Email: sqwells@ncsu.edu Adam Ross **Duplin County Center** NC Cooperative Extension PO Box 949 Kenansville, NC 28349 Receipt # _____(office use only) Upon receipt of your registration, you will receive an email confirmation.

Important

Please provide us with a good email address and phone number. Not only will these be used to give you updates on the program, but we will also use your email to send you links that will provide access to each day of training sessions. After the registration deadline all participants will receive an email with zoom instructions and links for the event.

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