

DEPARTMENT OF CAREER EDUCATION

Agricultural Education

REGISTRATION 2012 AGRICULTURAL EDUCATION PROFESSIONAL DEVELOPMENT

NAME _____ SCHOOL _____
SCHOOL ADDRESS _____
CITY _____ STATE _____ ZIP _____
SCHOOL PHONE _____ EMAIL _____
CELL PHONE _____

If a CO-OP is paying for your registration, the form MUST be submitted by the Coordinator.

Signature of Coordinator for payment: _____

Registration Deadline is July 16

No refunds will be issued for no-shows or cancellations made after the registration deadline.

Camp Couchdale

July 24-27

_____ Please register me for this in-service. A copy of my PO is enclosed, and the number is _____.

_____ Please register me for this in-service. Enclosed is my \$225 registration fee for this inservice.

Registration form and payment will be mailed to

ARCH FORD EDUCATIONAL SERVICE COOPERATIVE
101 BULLDOG DRIVE
PLUMMERVILLE, AR 72127

- ❖ Note: Reservations for instructors wishing to stay at Camp Couchdale will be made through <http://register.arkansasffa.org>