

Mississippi Continuing Education for Professional Loggers

REGISTRATION FORM

(Please complete one Registration Form per attendee. This form may be copied.)

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Night Phone (_____) _____

E-mail Address _____ Fax (_____) _____

Company _____ Job Title _____

Primary Business Type: (Please check at least one.)

Logger Landowner Consulting Forester
 Timber Buyer Wood Dealer Trucking
 Industry Forester BMP/Silviculture
 Other Contractor (specify): _____ Other (specify): _____

Late Fee: If you are registering after the registration deadline, please add \$15 to the amount of the class.

Please indicate which workshops you wish to attend:

CLASS	DATE	LOCATION	Amount
INTRO/BMP/SAFETY			
BUSINESS			

To Register: Send this completed registration form along with a check or money order for the full amount, made out to:

Mississippi State University
Logger Education
Box 9681
Mississippi State, MS 39762

OR

Register by Email, Fax or Telephone with your Credit or Debit Card: Email this completed registration form, with credit/debit card information to logged@cfr.msstate.edu or fax to (662) 325-0375, or call (662) 325-6852.

A meal is provided at each workshop. For directions to a course location, please call our Logger Education Office at (662) 325-6852. Directions can also be found on the Logger Education website www.wssg.cfr.msstate.edu/logger_ed.asp.