

Registration Form for Master Beekeeper Program Training/Exam (March 2012)

APPRENTICE Level Certification (training and exam) # _____ participants × \$30 \$ _____

List names of other participants:

ADVANCED Level Certification (training and exam) # _____ participants × \$30 \$ _____

List names of other participants:

MASTER Level Certification (exam) # _____ participants × \$30 \$ _____

List names of other participants:

MASTER CRAFTSMAN Level Certification (exam) # _____ participants × \$30 \$ _____

List names of other participants:

Total: \$ _____

Name: _____

Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail Address: _____

(REQUIRED)

Make check payable to: **University of Florida**

Mail to: **University of Florida Bee College**

Attn: Glinda Burnett

PO Box 110620

Gainesville, FL 32611

Phone: 352-273-3904