

## REGISTRATION FORM

Member Name: \_\_\_\_\_

Farm or Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Phone: \_\_\_\_\_

Attendee name	By 6/12	After 6/12	Sub total
1.	\$50	\$60	
2.	\$40	\$50	
3.	\$40	\$50	
4.	\$40	\$50	
5.	\$40	\$50	
		Total Due:	

**Make check payable to MCTA. Mail by June 12 with form to**

**MCTA ♦ 3501 Hanover Pike, Manchester, MD 21102**