

Invasive Plant Management Certification Program

Registration Form

**Please fill out the following information and return to Kate Venturini:*

FAX 401-874-2259
STANDARD MAIL URI Outreach Center
3 East Alumni Ave
Kingston, RI 02881
EMAIL kate@uri.edu

*Please make check or money order payable to University of Rhode Island
Please Respond by January 16th, 2008. Space is limited.*

Name: _____

Business: _____

Title: _____

Mailing Address: _____

Town / City: _____ State: _____

Phone #: _____ Email: _____

Thank you!