

**Plant Pathology Teacher Workshop**  
College of Agricultural and Environmental Sciences  
Department of Plant Pathology  
Application Form  
July 14-16, 2004

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

Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ County: \_\_\_\_\_

Which address should be use  
to contact you?(circle one)  
**Home or School**

School: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Grades and Classes Taught: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Science Related Activities Participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You have any allergies? Do you have any special dietary needs? \_\_\_\_\_  
\_\_\_\_\_

Main Interest (check any that apply):  Fungi  Bacteria  Viruses  Nematodes  
 Biotechnology  History  School Gardens

Make check payable to the **UGA Foundation–Plant Pathology Development Fund** for \$80 (before May 30, 2004) or \$90 (after May 30, 2004)

Return form to:

**Kisha L. Shelton**  
**Dept. of Plant Pathology**  
**2105 Miller Plant Science Building,**  
**University of Georgia**  
**Athens, GA 30602-7274**

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