



**2009 Registration Form  
4-H November Curriculum Training**

*Return by October 23, 2009 to:*  
 Kim Thompson  
 Center for 4-H Youth Development  
 200 Oak St. SE, Suite 270B  
 Minneapolis, MN 55455  
 Phone: 800-444-4238 (ext. 781)  
 FAX: 612-624-6905

**County/Regional Office** \_\_\_\_\_

\*For EACH person, please indicate if he/she is a Minnesota Extension Youth Development Volunteer (V), Minnesota Extension Youth Development Staff (S), Workshop Presenter (P), or Partner/Other (O).

\*\*Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice for each workshop and Learn after Lunch session [Example: Workshop I – write 3 (2) . . . 3 is 1<sup>st</sup> choice and 2 is 2<sup>nd</sup> choice]. Please use numbers for workshop descriptions and letters for the Learn after Lunch session topics.

Name	V/S/P/O*	Workshop I**		Workshop II**		Learn after Lunch**	
		First	Second	First	Second	First	Second
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

(Use additional sheet if necessary)

**Registration Fee:**

- \$60 – MN Extension Youth Development Youth Volunteers
- \$70 – MN Extension Youth Development Adult Volunteers
- \$100 – Partners and Other Attendees
- MN Extension Youth Development Program Staff fee provided through Center for Youth Development

**Make checks payable to the University of Minnesota and send the payment with this form to Kim Thompson at the above address.**

\_\_\_\_\_ Youth Volunteers @ \$60 = \_\_\_\_\_  
 \_\_\_\_\_ Adult Volunteers @ \$70 = \_\_\_\_\_  
 \_\_\_\_\_ Partners/Others @ \$100 = \_\_\_\_\_

**TOTAL** \_\_\_\_\_

*Additional funding for this event is provided by Monsanto.*



**Special Dietary Needs:** We will cater to special dietary requests to the best of our ability.

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