registration form

Missouri Botanical Garden Adult Education • Spring 2009

Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ E-mail:_____

Payment options

Please check one: ❑ Member ❑ Nonmember ❑ Staff ❑ Volunteer

Remittance: ❑ Check ❑ VISA ❑ MasterCard ❑ Discover

Card number:_____ Exp.:_____ Signature:_____

3-digit verification code:_____

Courses

MBG use	Course number	Course name	Attendee's name	Start date	Fee

Total

Mail to

Missouri Botanical Garden
Kemper Center for Home Gardening
P.O. Box 299
Saint Louis, MO 63166

Notice: classes may be photographed and/or recorded for use by the Garden in its communications efforts. Students wishing not to be photographed or recorded should inform the photographer.