



PAYMENT FORM

Soils Training Workshop

Please include this form with your payment.

One form per person. For multiple individuals use multiple forms.

The registration fee is \$25.00 for local health officials and students*
and \$75.00 for all others.

* Please include a copy of your valid student identification.

Pre-registration on TrainCT is required.

Please check the box for the workshop you registered for.

June 2009

October 2009

Name (print) : _____

Amount enclosed: _____

Phone: _____

Please make checks payable: Treasure State of Connecticut

Mail Payment to:
CT Department of Public Health
Soils Training Workshop
Attention: Kathy Graff
410 Capitol Avenue
P.O. Box 340308, MS# 51 SEW
Hartford CT, 06134-0308