

Minnesota BMP CHALLENGESM & Water Quality Credit Trading
(WQT) Workshops
Registration Form

Full Name: _____

Organization: _____

Home Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Which workshop do you plan to attend?

- Monday, November 26, 2007 in Owatonna
- Tuesday, December 18, 2007 in Alexandria
- Thursday, January 10, 2008 in Redwood Falls

Are you attending the workshop for CCA Cont. Ed. credit (circle)? No Yes

Registration Fee for each workshop: \$29 (includes lunch) - Payment Options:

Check Enclosed Credit Card Money Order Send Date: _____

Credit Card Information:

Credit Card Type: _____ Credit Card #: _____

Name (as appears on card): _____ Exp. Date: _____

Billing Address (if different from above)

Home Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

For more information or to register, please contact us:

Lori Steckervetz, BMP Challenge Project Coordinator
4510 Regent St. Madison, WI 53705
608-232-1425, Fax 608-232-1440
lori.steckervetz@bmpchallenge.org