



## PLM CLASS REGISTRATION FORM

(Please complete one Registration Form per attendee.)

### Personal Information:

First Name _____ MI _____ Last Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone ( _____ ) _____		Cell Phone ( _____ ) _____
E-mail Address _____		Fax ( _____ ) _____

### Company Information:

Company Name _____		Job Title _____
Address _____		
City _____	State _____	Zip _____
Business Phone ( _____ ) _____		Fax ( _____ ) _____

CLASS	DATE	LOCATION	PAYMENT		
			Cash	Check	Check #

**PLM Contact information:**

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Logger Education website at [www.logged.msstate.edu](http://www.logged.msstate.edu).