

Clemson University Cooperative Extension Service

Program _____

Date: _____

* If this is the first Extension program since July 1 that you have attended, check (✓) the box in the column at the right.

1st Extension
program since
July 1?

Name	Mailing Address	Phone	Race	Sex	1st Extension program since July 1?
1.		H			<input type="checkbox"/>
e-mail		W			
2.		H			<input type="checkbox"/>
e-mail		W			
3.		H			<input type="checkbox"/>
e-mail		W			
4.		H			<input type="checkbox"/>
e-mail		W			
5.		H			<input type="checkbox"/>
e-mail		W			
6.		H			<input type="checkbox"/>
e-mail		W			
7.		H			<input type="checkbox"/>
e-mail		W			
8.		H			<input type="checkbox"/>
e-mail		W			
9.		H			<input type="checkbox"/>
e-mail		W			
10.		H			<input type="checkbox"/>
e-mail		W			
11.		H			<input type="checkbox"/>
e-mail		W			
12.		H			<input type="checkbox"/>
e-mail		W			

Total Attendance _____

Total with duplications eliminated _____