



Workshop Title: _____

Your name: _____

Your address: _____

Your telephone: _____

Your email: _____

Enclosed is my check or Money Order in the amount of \$25, made payable to Louisiana Master Naturalists–Northeast.

Please mail this form and check to LMN-NE, 79 Quail Ridge Dr., Monroe, 71203.

Please mark one of the following:

I plan to complete enough workshops to become a certified Master Naturalist: _____

I want to take this workshop but probably will not become a certified Master Naturalist: _____

If you have questions contact: Bette J. Kauffman, bjkauffman@gmail.com, 318-372-8117