2025 General Pest Management Workshop

Thursday, March 20, 2025 Central Mississippi Research & Extension Center; Raymond, MS



Registration Form

Please complete and return this form with your registration fee.

Registration and payment of the \$25.00 registration fee must be received by Wednesday, March 12, 2025, to reserve a spot in this workshop.

| Name: |
|---|
| Email address: |
| Address: |
| City: State: Zip: |
| Phone Number: |
| Please mark the appropriate box. |
| Do you require a vegetarian meal? ☐ Yes ☐ No |
| How would you identify yourself? ☐ Consultant ☐ MSU Extension ☐ Other |
| Make check payable to: Mississippi State University |
| Mail check and registration form to: General Pest Management Workshop Central MS Research and Extension Center 1320 Seven Springs Road Raymond, MS 39154 |
| QUESTIONNAIRE |
| The purpose of this questionnaire is to gather race, ethnicity, and gender information about persons who apply and participate in this Extension program. For this questionnaire, Hispanic or Latino origins are not races. This is a voluntary questionnaire. You are not required to give this information, but we hope you will, because the information you give will be used to improve the operation of this program, to help Extension design additional opportunities for program participation, and to monitor enforcement of laws that require equal access to this program. Your information will be kept private to the extent permitted by law. Thank you for your response. |
| 1) What is your gender? ☐ Male ☐ Female ☐ Other/Unidentified |
| 2) What is your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unidentified |
| 3) What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American |
| ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other/Unidentified |

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