

OSU Extension Local Foods Signature Program Kickoff In-Service Registration Form and Local Foods Programming Survey

____ Yes, sign me up for the January 23 Local Foods Signature Program
Kickoff In-Service at the 4-H Center

Name_____ County/Unit_____

Email address_____ Phone_____

Do you have any dietary restrictions? If yes, please explain_____

Have you offered local foods related Extension programs in the past?

Yes_____ No_____

If yes, what type of programs have you conducted?_____

What are your areas of expertise related to local foods topics?_____

Return by January 10, 2013 to:

email: hogan.1@osu.edu

FAX: 740.687.7010

**Surface mail: OSU Extension, 831 College Ave., Suite D, Lancaster, OH
43130-1081**

