

PURCHASE FORM

Nursery Profit Estimator

Name: _____

Company: _____

Mailing Address: _____

tel: _____ fax: _____ email: _____

Software Fees (mark preference): ___ \$35.00 (Program e-mailed) attended workshop
___ \$40.00 (Mailed on a Flash Drive) attended workshop
___ \$50.00 (Mailed) did not attend a Workshop

Please List Location of Workshop Attended: _____

Return this form with your payment payable to: RCUH 2166

**Payment and form
should be sent :**

UH-CTAHR HNFAS
1955 East-West Road, AgSci 216
Honolulu, HI 96822
ATTN: Stuart Nakamoto

THE UNIVERSITY OF ARIZONA

COLLEGE OF AGRICULTURE AND LIFE SCIENCES

ARIZONA COOPERATIVE
EXTENSION



**College of Tropical Agriculture
and Human Resources**
University of Hawaii at Manoa