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

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