



**34rd Guilford Horticultural Society
Symposium**

Please make checks out to the Guilford Horticultural Society

Send to
Pat Price at 5319 Tower Rd/Greensboro, NC 27410

Name/s _____

Address _____

Email Address _____ Phone _____

Registration for the March 2, 2019 Symposium @ **\$50 for members & \$55 for non-members** total \$ _____

Indicate regular _____ veggie _____ gluten free _____ lunch for

Check total enclosed \$ _____