

Name: _____
Last First MI

- Level: Non-MBP beekeeper
 Initiate
 Certified
 Journeyman
 Master Beekeeper
 Master Craftsman

Address: _____

City State Zip

Phone: _____ (Home) _____ (Work)

Email: _____

(*NOTE: only 1 event per card)

Event Name: _____ Location: _____

Date(s): _____ Time start: _____ Time end: _____ (*include travel time)

- Audience: Students K-8
 Students 9-12
 Beekeepers
 Public
 Other

Attendance: _____

- Type: Presentation
 Lecture
 Workshop
 Q&A
 Other

Comments: _____

