

SCBG Education Program Registration Form:

Name(s) _____
Address _____
City _____ State _____ Zip _____
e-mail _____
Telephone: _____ Cell: _____
Programs:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL AMOUNT ENCLOSED \$ _____

Credit card number _____
Credit card type _____ Exp. date _____
CVV (numbers on back of card) _____
Signature _____

Please make checks payable to: **CU-SCBG**
and send with registration form to:

South Carolina Botanical Garden
150 Discovery Lane, Clemson University
Clemson, SC 29634-0174.

For more information about programs or registration, please visit
our website (www.clemson.edu/scbg) or call 656-3405 to register.