



Application Form

Name: _____

Personal Phone Number: _____ City: _____ State: _____

Personal Email: _____

Farm/Irrigation District/Company: _____

Title: _____ Years of Experience: _____

Supervisor: _____ Company Phone: _____

Company Email: _____

Company Address: _____

Preferred Language for Course Material: English Spanish

All four in person classes must be attended to receive certificate of completion. Please initial to acknowledge you will be able to attend each class.

Wednesday April 22, 2026 Thursday April 23, 2026

Wednesday May 06, 2026 Thursday May 07, 2026

Dietary Food Restrictions: _____

What key topics & takeaways would you like to learn from this course?

Please return application to Stephanie@agribusinessarizona.org

www.agribusinessarizona.org