



HOME OFFICE 20 Church Street
P.O. Box 5670
Cortland, NY 13045

PHONE 800-822-3747
607-756-4970

Course # _____

Course Sponsor _____

Address: _____

Email: _____ Phone: _____

FARMEDIC Instructor: _____

Email: _____ Phone: _____

Course Dates: Start: _____ Completion: _____

Course Location: City: _____ State: _____

Facility: _____

PLEASE SEND THE FOLLOWING NUMBER OF

CURRENT PRICES

_____ Farmedic Registration.....
(Includes Textbook, Attendance Certificate, Patch)

Contact Us

SHIP TO ADDRESS – No PO Boxes

For your convenience, we accept Checks and Corporate Purchase Orders for Payment
(Payment must be made prior to shipping course materials)

Amount Enclosed: _____

P.O. # _____ (attach copy to application) Check # _____

Please return completed application and payment to:

David Denniston, McNeil and Company
P.O. Box 5670
Cortland, NY 13045
Fax: 607-753-9484