Name:					
	Mr./Mrs./Ms.	First	MI	Last	
Address:					
	Street				
	City		Sta	te Zip Code	
County of		Coun	ty Beekeeping Cha	pter:	
Residence:				(if applicable)	
Phone No:	()		Email address:		
DOB:	Gender:		Occupation:		
(op	tional)	(optional)		(optional)	
Total number of years with beekeeping experience:					
Total number of honey bee colonies you currently manage:					

Please check all that apply

I am interested in attending one of the **queen-rearing workshops**I am interested in possibly attending one of the **bee-breeding clinics** after attending one of the workshops on queen rearing

I am currently a hobby beekeeper that wishes to raise my own queens

I am an active beekeeper with moderate experience and training, and I would like to explore the possibility of starting queen rearing as a business

I have an active beekeeping enterprise and wish to enhance my knowledge and skills as a trained queen breeder

Please send completed form to: NC State Apiculture Program

Dept. of Entomology NC State University Campus Box 7613

Raleigh, NC 27695-7613 Attn: Born & Bred in NC