

# Portland Permaculture Institute COURSE REGISTRATION

Date:

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Name:

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Address:

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Daytime phone:

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Other contact and time to reach you:

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Email:

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How did you hear about the Institute?

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Do you already have a Permaculture Design Certificate?

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If so, when and where did you take the course?

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Is receiving a Design Certificate your goal?

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Please list the courses you want to register for, with name of course, date and price:

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Mail this application with the course fees to:

**Permaculture Solutions**

**3527 NE 15th, PMB # 101**

**Portland, OR 97212**