



Penn State Extension Newsletter Renewal/Update

(PLEASE TYPE OR PRINT)

Home Business

Name _____
 First Middle Initial Last

Business Name _____

Address _____

Town or City _____ State _____

Zip Code +4 / / / / / / + / / / County _____

Phone # _____
 Home Business

E-mail address _____

In compliance with U.S.D.A. regulations on Equal Opportunity and Affirmative Action, Penn State Cooperative Extension is required to certify that its programs are conducted on a nondiscriminatory basis. To certify that the programs and services we provide do offer equal access for all persons who wish to participate, we must document participation by race/ethnic categories, gender and periodically report the extent of this participation in all Extension activities. This information is kept confidential and is voluntary and for statistical purposes only.

- Gender:** Female Male
- Age:** Youth Adult Senior
- Race/Ethnicity:** White Black/African American American Indian Asian
 Native Hawaiian /Pacific Islander Prefer Not to Answer

Please state the way that you would like to receive information: Electronic E-mail Paper Copy Mail

Please Check (✓) your interest in the following topics and rank 1-5 of your top 5 areas.

- | | |
|---|--|
| <input type="checkbox"/> Food Preparation/Nutrition | <input type="checkbox"/> Outdoors/Gardening |
| <input type="checkbox"/> Food Safety/Storage | <input type="checkbox"/> Personal Enrichment Workshops |
| <input type="checkbox"/> Home Food Preservation | <input type="checkbox"/> 4-H Youth Programs |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Specific Health Topics: Diabetes, Obesity, etc. |
| <input type="checkbox"/> Agricultural | |

Return the form to:
Penn State Lewistown Extension Center
152 East Market Street, Suite 100
Lewistown, PA 17044