

## Fertilizer Applicator Recertification Program

### 2018-2020 Participant Survey Submission Cover Sheet

Your name: \_\_\_\_\_

Time period the surveys were collected: (Month/Year to Month /Year)

\_\_\_\_\_

How many programs are represented by the surveys in this packet? \_\_\_\_\_

What were the **Total Number** of participants attending these programs? \_\_\_\_\_

Would you like a summary of the results in this package sent to you? Yes \_\_\_\_\_ No \_\_\_\_\_  
(The target for return is within six weeks)

Return forms for summary to:

Greg LaBarge  
OSU Extension Madison County  
217 Elm St  
London, OH 43140

Any comments or suggestion you received from clientele about fertilizer recertification or topics of interest:

Any comments or suggestions you have for fertilizer recertification: