Name:				_Level:	Non-MBP beekeeper
La		First	MI		Initiate
					Certified
Address:				L	Journeyman
					Master Beekeeper
		N4-4-	112		Master Craftsman
City		State	Zip		а ж
Phone:		(Home)		_(Work)	
Email:					
			(*NOTH	E: only 1 e	event per card)
<b>Event Name:</b>			Location:		
			Location: Time end:		-
Date(s):					-
Date(s):	Time			(*i	include travel time)
Date(s):	Time Students K-8	start:		(*i	include travel time) Presentation
Date(s):	Time Students K-8 Students 9-12	start:	Time end:	(*i	include travel time) Presentation Lecture
Date(s):	Time Students K-8 Students 9-12 Beekcepers	start:	Time end:	(*i	Include travel time) Presentation Lecture Workshop
Date(s):	Time Students K-8 Students 9-12 Beekeepers Public	start:	Time end:	(*i	include travel time) Presentation Lecture Workshop Q&A

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7