Tomato Grafting Workshop

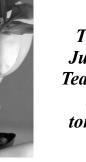
Friday, March 18 from 1:00pm to 3:00pm

NYS Agriculture Experiment Station at Highland

Hudson Valley Research Laboratory Office located at 3357 Rt. 9W, Highland, NY







Local Growers Gaining Interest in Tomato Grafting.

Increasingly, tomato growers are using grafting to decrease susceptibility to root diseases and to increase fruit production through increased plant vigor. Grafting involves splicing the fruit-producing shoot (called the 'scion') of a variety which posses a desired fruit quality, such as flavor, to the rootstock of a different variety desired for disease resistance or vigor.

This workshop will be instructed by Judson Reid of the Cornell Vegetable Team. Judson has extensive experience in the science and art of grafting tomatoes and he will be here to share it with you.

This workshop is for those of you who have been grafting with mixed success and also for those who have never grafted but want to find out more about it. The workshop includes a hands on portion where we will be practicing grafting tomato seedlings, which will be provided for you.

This program is administered by



Cornell University Cooperative Extension Ulster County

Space is limited to 30 participants, so registration will be on a first come first serve basis. For more information or to register please call Teresa Rusinek at 845 340-3990. DEC Pesticide Recertification Credits have been applied for categories, 1a, 10, 23 and 24.

CCEUC provides equal employment and program opportunities.

Tomato Grafting Workshop Registration Form

Please pre-register by Wednesday, March 16, 2011

Pre-registration fee: \$15 per person Day of: \$20 per person (space permitting)

Please make reservation (s) list below, names of all attending from your business. Use additional sheet of
Name:
Address:
City:StateZip
Email:
Amount of check enclosed: \$
Clip & return this form & your check made payable to CCEUC and mail to: Cornell Cooperative Extension 10 Westbrook Lane Kingston, NY 12401 Attn: Tomato Grafting Workshop
For Credit Card Payments: Fill out top part and below
Type of card (check one): Visa MasterCard
Card Number:
Expiration Date: Month / Year
Amount to be charged: \$

NO REFUNDS - if you cannot attend, please send someone in your place.

Signature (Required):

By registering I give my permission to Cornell Cooperative Extension of Ulster County to use any photos, slides, films, or sketches taken of my child or of myself during this activity for publicity, advertising, and/or promotional purposes.