

PROFESSIONAL MARIJUANA GROWER

Professional Marijuana Grower is Written for Indoor and Outdoor Professional Marijuana Growers. For a Subscription visit www.ProfessionalMarijuanaGrower.com or complete this form and return using the information at the bottom of this page.

All information must be provided to qualify for subscription

Name _____

Title _____

Company _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

Email _____

Business License Number _____

License Expiration Date _____

Which Best Describes your Title?

- Owner/Partner
- President or Executive Management
- Head Grower
- Supervisor
- Manager
- Budtender
- Other (specify) _____

What is your Organization's PRIMARY Industry?

- Ancillary Product Provider
- Ancillary Service Provider
- Cannabis Producer/Cultivator
- Medical Cannabis Dispensary
- Processor
- Marijuana Retailer
- Other (specify) _____

Describe Your Growing Operation

- Outdoor Only
Number of acres _____
- Greenhouse Only
Total Square Feet _____
- Indoor Only (all types other than greenhouse)
Total Square Feet _____
- Combination
Total Outdoor Acres _____
Total Greenhouse Square Feet _____
Total Other Indoor Growing Square Feet _____

Signature

Date

Complete, sign and mail this form to: **Professional Marijuana Grower**,
Attn. Circulation Department, 6170 Forest Hills Drive, Dubuque, IA 52002
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