



---

## Registration for Food Safe Handling Course

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (required) Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Organization/Work: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Are you 16 years or older? YES  NO

Date of Course: \_\_\_\_\_

Location: \_\_\_\_\_

Cost: \$65 per person

Reminder: payment must be made prior to attending course – fee is non-refundable due to limited seats available for course. Fees will be refunded in the event the course is cancelled.