Registration Form

First Name	
The ot Manie	Training Dates:
Last Name	 Training Times
Address	Location of trai
City, State	County of train
Oity, State	 Instructors:
Zip Code	 Registration De
Phone Number	 Please make y
Establishment	AgriLife Ext

FOR AGENT USE ONLY:

AGENTS: Please complete this part of the form.

ning:

ing:

eadline:

our check or money order payable to:

tension- Acct. # 230202

Total Amount Enclosed: _____

Please indicate which language you would like to receive for BOTH materials below, included as a part of the Food Manager program

Course Book: Spanish English Mandarin/ English Spanish Exam: Chinese French Korean Large Print Canadian

Mail Completed Registration form and your check or money order to:

Food Safety Education 2253 TAMU 118 Cater-Mattil College Station, TX 77843-2253

All <u>refund requests</u> will be assessed a \$25 administrative fee. Refunds will be issued if:

- Email or fax notification to Julie Prouse (jprouse@tamu.edu or 979-458-2080) is received at least two days before the course start date.
- Substitutions may be made by emailing Julie Prouse at jprouse@tamu.edu
- It the course is cancelled, a full refund will be issued.
- If you "transfer classes" you have 1 year from date of receipt to use your credit.