

REGISTRATION FORM
PLEASE PRINT PLAINLY
(Form may be duplicated for additional registrations)

Name: _____

Social Security No.: _____

Date of Birth: _____

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Course: Food Protection Certification
Index #: 1191
Course #: RES804
CEU'S: 2.0
Dates: Fall Semester, 2007
October 16 – November 20 (Tuesdays only)
Cost: \$149.00 per person (includes workbook)

Indicate Payment Method:

_____ Check Enclosed
(Make checks payable to Stark State College)

_____ Company Purchase Order
P. O. # _____

Billing Address: _____

Charge Card: Visa # _____

Discover # _____

Master Card # _____

Card Signature: _____

Expiration Date: _____

DEADLINE for registration is
October 8, 2007