Food Handler Training Registration Form

(2-day workshop)

June 21-22, 8:30-4:30 Homewood Suites by Hilton 800 Jamieson Parkway Cambridge, ON

REGISTRANT INFORMATION (Confirmations will be sent once registration and payment have been processed)

Please PRINT	Clearly				
a) Name (Fir	st, Middle, Last) as	it appears on your photo identif	ication	Date of Birth (mm/dd/yyyy)	
b) Home Add	dress (Number, Stre	eet, Apt/Unit)	City/Town	Postal Code	
Home Email Address			Home Phone		
c) Company	Name				
Work Address (Number, Street, Unit#)			City/Town	Postal Code	
Work Email Address			Work Phone	Work Fax	
Send corresp	ondence to:	□ Home □ Work (Che			
the Examination and to communicate with you regarding updates to signing this form, you consent to having your personal information consideration consistent Campus, your employer and MPO.			ntained on this form and exam results shared with the University of Guelph Date:		
Please select	vour language pre	ference for the Workbook and E	xamination:		
🗆 English	□ French	🗆 German 🛛 Italian	🗆 Polish	□ Portuguese	
🗆 Punjabi	□ Spanish	Simplified Chinese	□ Traditional (Chinese	
Lunch will be	provided; please ir	dicate any dietary consideration	s:		
□ MPO Mem	nbers \$550.	2919) includes 2 days of instructi 00 + HST = \$621.50 <i>writing before June 14, 2023 and ar</i>	□ Non-Members	\$675.00 + HST = \$762.75	
PAYMENT C	OPTIONS				
Cheque enclo	osed - Payable to M	leat & Poultry Ontario			
Charge my -	🗌 Visa 🔲 Maste	erCard			
Card Number			Expiry Date (mm/yy):		
Cardholder Name			Signature:		
We now acce	ept Electronic Fund	s Transfers (EFT) - Call to receive	deposit information.		
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