

Food Handler Education Course Registration Form



PLEASE NOTE: Courses fill up quickly so please state a first and second choice below. Confirmation of registration date will be sent.

⇒ 1 CONTACT INFORMATION
(Group address will be used for groups.)

Student Name: _____
 Mailing Address: _____
 Town: _____ Province: _____ Postal Code: _____
 Phone: (1) _____ (2) _____ Fax: _____
 Email address: _____
 Company Name: _____
 Business/Group Address: Civic _____ Street _____
 Town _____ Postal Code _____
 Group Contact (if applicable): Name: _____ Phone: _____

⇒ 2 COURSE DATES (See dates online @ www.gov.ns.ca/agri/foodsafety/foodsafetycourse.shtml)

COURSE DATE: First Choice: _____ Second Choice: _____
 Location: _____

⇒ 3 COURSE FEE* (per person)

| | <u>FEE</u> | + | <u>HST(15%)</u> | = | <u>TOTAL</u> |
|---|------------|---|-----------------|---|-----------------|
| <input type="checkbox"/> Food Handling Course | \$21.55 | + | \$ 3.23 | = | \$ 24.78 |

⇒ 4 RETURN COMPLETED FORM WITH PAYMENT:

Forward form with cheque or money order ONLY (no debit, credit or cash) payable to “Minister of Finance” to:

Mail: Department of Agriculture
 Food Protection & Enforcement Division
 PO Box 550
 Truro NS B2N 5E3

OFFICE USE ONLY

| | |
|------------------|--------------------|
| Paid by: CHQ/MO# | Receipt #: |
| Amount: | Confirmation sent: |