Workshop Registration Form

STEP 1: ***Print your name and contact information***

Firm Name * : _____

Processed Food Registration Number (PFR #) * : _____

First Name * : _____ Last Name * : _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email * : _____

Phone: _____ Fax: _____

* REQUIRED FIELDS – The PFR# is issued by the California Department of Public Health, Food and Drug Branch and is found on the company's registration certificate.

Step 2: ***Select location/date and submit registration.*** **

Registration Deadline July 14th, 2010

Good Manufacturing Practices for the Food Industry			
Locations	Date	Time	Selection
Stanislaus County Public Library Salida Branch 4835 Sisk Road Salida, CA 95368	7/20/10	10:30 AM To 3:30 PM	ubmit by Ema

** The ability to submit registrations via the online system varies among individual e-mail providers. If necessary, you may simply include the pertinent information in the body of an email and send it directly to Jeff Seid at FDBTraining@cdph.ca.gov.

Step 3: ***Check your email for registration confirmation.***

Confirmations will be provided approximately 3 days prior to the selected course date.