

REGISTRATION FORM – USDC HACCP WORKSHOP
(PLEASE PRINT CLEARLY)

Company Name: _____
Address _____
City/State/Zip: _____
***Phone:** () _____ ***Fax()** _____
***Email address:** _____

Please note: *TELEPHONE, *FAX, AND *EMAIL address are required for confirmation purposes.

Attendee Name(s):
(1) _____ (2) _____
(3) _____ (4) _____

HACCP Workshop for the Seafood Industry Dates

HACCP Tuition Fee: \$495 per person; \$475 per person if 2 or more are registered for the same program, from the same company. (The HACCP fee includes the certification exam.) If you need to retest, the cost of the exam is **\$35.00**. **Kindly note that Workshop Confirmation information (location of course and accommodation recommendations) will be forwarded to you approximately two weeks prior to the course.**

COMPLETION OF THIS WORKSHOP FULFILLS TRAINING REQUIREMENTS FOR THE FDA AS OUTLINED IN 21 CFR, PART 123.10 AND NMFS PART I, CHAPTER 9, SECTION 2.

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|--|--|---|--|
| <u>May</u>
<input type="checkbox"/> 06-08 Miami, FL | <u>June</u>
<input type="checkbox"/> 04-06 Seattle, WA
<input type="checkbox"/> 17-19 Gloucester, MA | <u>July</u>
<input type="checkbox"/> 16-18 Long Beach, CA
<input type="checkbox"/> 23-25 Baltimore, MD | <u>August</u>
<input type="checkbox"/> 20-22 Seattle, WA
<input type="checkbox"/> 26-28 Miami, FL |
| <u>September</u>
<input type="checkbox"/> 16-18 Gloucester, MA | <u>October</u>
<input type="checkbox"/> 01-03 Long Beach, CA
<input type="checkbox"/> 22-24 Seattle, WA | <u>November</u>
<input type="checkbox"/> 04-06 Miami, FL
<input type="checkbox"/> 19-21 Seattle, WA | <u>December</u>
<input type="checkbox"/> 09-11 Gloucester, MA |

Looking for courses later in the year? Please contact Christine.D.Lilienthal@noaa.gov or JoAnn.Curley@noaa.gov for additional 2008 Workshops.

Refund/Cancellation Policy

Enrollment will be accepted on a first received basis and will be limited to the facilities available. Registration fee, less a \$50.00 administrative charge, will be refunded if notification is received in writing 10 days prior to the program date. No refunds will be made after that date. Substitutions may be made at any time. The workshop may be canceled by the National Training Section within 3 days of the workshop if insufficient enrollment has been received. Call us at (978) 281-9124.

Method of Payment: You may pay by **Money Order, Certified Check, Company Check, Visa/Master Card, Discover, or American Express.** **CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.** Please submit payment with registration to: USDC/NOAA National Training Section, 11-15 Parker Street, Gloucester, MA 01930 ATTN: Christine Lilienthal or Fax: (978) 281-9134. If you have any further questions, you may contact us at **Christine (978) 281 9124** or **Jo-Ann (978) 281 9292**. Please make checks payable to: **US Department of Commerce/NOAA.**

Credit Card Payment: **Visa** **MasterCard** **Discover** **American Express**

Card Number: _____ Expiration date: _____

Signature: _____

Name on Card: _____

Taxpayer identification number: _____ (mandatory)