

A Hands-on Workshop on Food Safety and Security: Food Product Recalls

March 17-18, 2003

You can also register on line at www.pware.com/2753

Please Print

Name _____

Business

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Category of your job _____

Payment:

___ Enclosed is a check payable to The Ohio State University

___ Discover ___ MasterCard ___ VISA ___ P.O. Number _____

Charge Card# _____

Exp. Date _____ Signature _____

Individual registration before February 28 \$250.00 _____

Multiple registration from same organization \$200/each _____

(all must be mailed together, use separate registration form for each registration)

Late Registration after February 28 \$275.00 _____

PHONE: 614-292-8571 FAX: 614-292-0492

Return to: Food Product Recall
 Office of Continuing Education
 225 Mount Hall
 1050 Carmack Road
 Columbus OH 43210-1002

For Office Use Only

Date _____ REF.# 0033 PT CH.# _____

CODER _____ CCA _____ AMT _____