



# Level One Certification in Food Protection Training

Please Print Clearly

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HEALTH DEPARTMENT JURISDICTION: \_\_\_\_\_

**Please select the date you plan to attend:**

March 16, 2017 \_\_\_\_ June 15, 2017 \_\_\_\_ September 14, 2017 \_\_\_\_

**Payment \$30 per person** Cash, Check, Master card, Visa and Discover card accepted for payment  
**Please make checks payable to "City of Middletown"**

Please return completed registration form with payment to:  
Middletown City Health District  
1 Donham Plaza  
Middletown, OH 45042  
Phone: (513) 425-1818

**NOTE: If a class has less than 5 participants registered, the training maybe postponed until the next scheduled class.  
Submit payment at least 5 days prior to class.**

**A 24 hour cancellation notice is required for a refund.**

### For Office Use Only

Date of Seminar \_\_\_\_\_  
Name of Trainer \_\_\_\_\_  
Recalcitrant \_\_\_\_\_  
Foodborne \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date of Receipt \_\_\_\_\_  
New \_\_\_\_\_  
Other \_\_\_\_\_