

YES, we want to participate in the food protection training classes and become Re-certified. The following people will be attending: (please print below) Names of Students and fill in the class dates and locations you prefer.

1. _____ date _____

Location _____

2. _____ date _____

Location _____

3. _____ date _____

Location _____

Your Name (PRINT) _____

phone where we can call you: (_____) _____

Establishment _____

Mailing Address _____ city: _____

State: _____ zip: _____

Enclosed is my check (or Postal Money Order) for the total amount of \$ _____

Please make payable to

ARG Associates

Please return to:

ARG Associates

11 Heard Drive

Ipswich, MA 01938