

YES, we want to participate in the food protection training classes and become 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 _____

For full day classes only: Do you want textbooks in English? _____ or Spanish? _____

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