

## FOOD SAFETY EDUCATION ON-SITE TRAINING REGISTRATION

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www.dekalbhealth.net

Name of Training Site:	
Address:	
Date and Time Requested:	
Date and Time Requested:	
Specific Topic(s) Covered:	
Target Audience:	
Number of Participants:	
	Phone Number:
Contact Person:	E-mail:

<sup>\*</sup> Please note there is a \$60 fee for rescheduling classes due to lack of participants