

Animal Food Preventive Control Qualified Individual Training Mail-In Registration Form

Class Location and Date	(from website)	
Number of students:	Please provid	e student names and t	heir email addresses.
Enrollment in the class is no contact you if your desired	•	•	· · ·
Contact Name:		email:	
Organization:			
Mail address:			
	State	Country	Zip
Phone:			
Our preferred registration and We accept Visa, MasterCard		_	osite www.feedpctraining.com
	-Ot	her Options-	
Second choice is an online in Please email us at <u>richard@</u>		•	ou can pay by check or card. ce.
Or, mail this completed	form and a ch	eck.	
Make Checks Payable to:	Feed PC Tr	aining Inc.	
	49400 SE N		
	Sandy, Ore	gon, 97055 USA	

Accounting or registration questions? Please email us at richard@feedpctraining.com or call 503-351-0965 1PM-8PM Pacific time

