

REGISTRATION FORM – USDC HACCP WORKSHOP

**(PLEASE PRINT CLEARLY)**

Company Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
\*Phone: ( ) \_\_\_\_\_ \*Fax( ) \_\_\_\_\_  
\*Email address: \_\_\_\_\_  
Taxpayer identification number: \_\_\_\_\_ **(mandatory)**

**Please note: \*TELEPHONE, \*FAX, AND \*EMAIL address are required for confirmation purposes.**

Attendee Name(s):  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**HACCP Workshop for the Seafood Industry Dates**

**HACCP Tuition Fee: \$525 per person; \$505 per person if 2 or more** are registered for the same program, from the same company. (The HACCP fee includes the certification exam.) If you need to retest, the cost of the exam is **\$35.00. Kindly note that Workshop Confirmation information (location of course and accommodation recommendations) will be forwarded to you approximately two weeks prior to the course.**

**COMPLETION OF THIS WORKSHOP FULFILLS TRAINING REQUIREMENTS FOR THE FDA AS OUTLINED IN 21 CFR, PART 123.10 AND NMFS PART I, CHAPTER 9, SECTION 2.**

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|---|---|--|
| <p><b><u>April</u></b></p> <p><input type="checkbox"/> 40-42 Long Beach, CA <b>FULL</b></p> | <p><b><u>May</u></b></p> <p><input type="checkbox"/> 22-24 Miami, FL<br/><input type="checkbox"/> 23-25 Baltimore, MD</p> | <p><b><u>June</u></b></p> <p><input type="checkbox"/> 06-08 Seattle, WA<br/><input type="checkbox"/> 13-15 Gloucester/NBPT, MA</p> |
| <p><b><u>August</u></b></p> <p><input type="checkbox"/> 07-09 Long Beach, CA</p>            | <p><b><u>September</u></b></p> <p>26-28 Gloucester/NBPT, MA</p>   |  |

**Refund/Cancellation Policy**

Enrollment will be accepted on a first received basis and will be limited to the facilities available. Registration fee, less a \$50.00 administrative charge, will be refunded if notification is received in writing 10 days prior to the program date. No refunds will be made after that date. Substitutions may be made at any time. The workshop may be canceled by the National Training Section within 3 days of the workshop if insufficient enrollment has been received. Call us at (978) 281-9124.

Method of Payment: You may pay by **Money Order, Certified Check, Company Check, Visa/Master Card, Discover, or American Express.** **CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.** Please submit payment with registration to: USDC/NOAA National Training Section, 55 Great Republic Drive, Suite 01-500, Gloucester, MA 01930 ATTN: Christine Lilienthal or Fax: (978) 281-9134. If you have any further questions, you may contact us at **Christine (978) 281 9124** or **Jo-Ann (978) 281 9292.** Please make checks payable to: **US Department of Commerce/NOAA.**

<b>Credit Card Payment:</b>	<b>Visa</b>	<b>MasterCard</b>	<b>Discover</b>	<b>American Express</b>
Card Number: _____	Expiration date: _____			
Signature: _____				
Name on Card: _____				

Updated: 03/07/12

**PLEASE NOTE: ALL FOREIGN NATIONALS MUST SUBMIT ADDITIONAL INFORMATION REQUIRED BY HOMELAND SECURITY PRIOR TO ATTENDING ANY WORKSHOPS HELD AT GOVERNMENT FACILITIES.**

**PLEASE CONTACT CHRISTINE LILIENHTAL NO LATER THEN 72 BUSINESS HOURS PRIOR TO WORKSHOP AT (978) 281 9124 FOR FURTHER INSTRUCTIONS.**

**IF PAPERWORK IS NOT RECEIVED AND PROCESSED PRIOR TO THE WORKSHOP; ACCESS TO THE WORKSHOP WILL BE DENIED.**