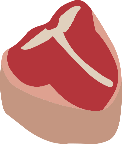
**FOOD SAFETY FIRST**

Safety First



***F***



**Barbara Behrends, Instructor**

P.O. Box 13, Kincaid, IL 62540 Phone: (217) 827-7225

E-mail: barbbehrends@gmail.com

**2021-8 HOUR FOOD PROTECTION MANAGER CLASS**

**DATES: Wednesday’s ..1/13..2/10..3/10..4/14.. 5/12..6/9..7/14.. 8/11.. 9/8.. 10/13.. 11/10.. & Thursday on 12/9...**

**\* Additional Pana class on June 23rd. Pana Hospital – Lower level Conference Room. Limited seating.**

**TIME: Class begins at 8:00 a.m. Lunch is at 11:30 to 12:00. Resume at 12:05 Test instructions will be begin at 2:30 approx.** (**Please note additional time may be necessary**)

***A Conference for Food Protection (National Registry) exam will be administered following the completion of the course.***   \* ***National Registry is approved by the State of Illinois and also by the Conference for Food Protection and is recognized nationwide***. ANSI ACCREDITED PROGRAM

**PLACE:** Taylorville Moose Lodge, 720 McAdam Drive, Taylorville

Lunch options will be available for purchase at the Moose. You are allowed to bring in your own snacks or lunch.

**FEE: $135/person** – Includes book and National exam. Book is provided upon payment of class. If mailed, add $5.00 for shipping and handling.

You will need to have the book prior to class in order to study and prepare for the class and test. Study materials will be e-mailed to you after completed application.

*If paying by check, please make checks payable to* **Barb Behrends**.

THANK YOU FOR HAVING ME AS YOUR INSTRUCTOR.

COMPANY or ORGANIZATION INFORMATION

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENDEE INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any no show will be refunded $100.00 due to fees, tests and mailings *OR* it can be applied to the next class if notified within 48 hrs. prior to the class. Reserve your spot now please. A test will not be reserved for you unless paid in advance.

**PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON ATTENDING**

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***$\_\_\_\_\_\_\_\_*** Check # \_\_\_\_\_\_ Money Order \_\_\_\_\_\_\_\_\_ Cash \_\_\_\_