

Fresh Produce Safety Trainings

Registration Deadline July 18th

Please Print Clearly AND List Each Participant's Name

Name(s): _____

Farm or Organization (if any): _____

Total Farm Acreage (if any): _____ In production or planned (if any): _____

Crops produced: _____

Mailing address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Web site: _____ E-mail: _____

Mark the training you will attend:

July 24th, 1:30PM - 5:30PM (\$10 registration fee/person)

Check-in begins at 1:00

Number of Attendees: _____ X \$10

July 25th, 9:00AM – 12:00PM (\$10 registration fee/person)

Check-in begins at 8:30

Number of Attendees: _____ X \$10

TOTAL AMOUNT PAID: _____

Pay by check

Pay online

Make checks payable to:
ASAP

Mail check and form to:
Fresh Produce Safety Trainings
729 Haywood RD, # 3
Asheville, NC 28806

ASAP is an equal opportunity provider. Contact us if you have any special needs or disabilities so we can accommodate you. The following information is optional, but we are required to ask you for funding purposes:

Race: _____ Sex: _____ National Origin: _____ Disability (circle): Y N

For Office Use Only:

Date rcvd: _____ Amount: _____ Check no. _____