

Registration Form

Family Health Services
3500 5th Ave #203
San Diego, CA 92103

FoodSafety

For office use	
Review by	_____
Approved	_____
Dates	_____

Please complete this form including your signature.
Review and return along with a non- refundable
\$40.00 registration fee to the address above. The
balance is due at the beginning of class. Once your
application has been received, our office will contact
you to confirm your scheduled dates for training.

Name _____
Print Type

Address _____
Street City State Zip

Telephone (hm) _____ (wk) _____ (Fax) _____

Employer _____ () _____
Company Name Telephone Name of supervisor

Signature: _____ Date: _____

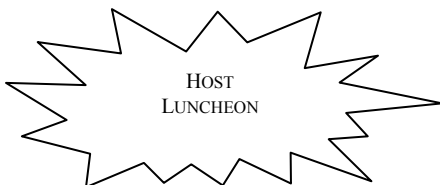
Refund Policy - You must submit notification of withdrawal or cancellation in writing on or before the first day of class in order to receive a refund. The \$40.00 registration fee is deducted from all refunds. For example, you are enrolled and have paid full cost of \$140. you now find it necessary to withdraw before the first session. Your refund would be \$140. less \$40 or \$100. If the class is canceled by us you would receive a full refund. All refunds are paid within thirty (30) days of determined eligibility. The Family Health Services Training Center does not participate in the Tuition Recovery Fund (STRF). We are registered with the State of California. Registration means we have met certain minimum standards imposed by the state for registered schools on the basis of our written application to the state. Resgistration does not mean we have met all of the more extensive standards require by the state for schools that are approved to operate or licensed or that the state has verified the information we submitted with our registration form.

Please check one

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 hr. Course
incl. Coursebook
\$195. | Home Study
\$50. | Exam
\$65. |

Total amount enclosed _____

For further information and to schedule a class call **1-800 294-2192** or email us at familyhealthsvs@aol.com



Se Habla Español

