



Level One Certification in Food Protection - Food Safety and Sanitation Training

Please Print Clearly

Payment Information

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

\$250.00 per class Total Enclosed \$ _____

Cash or check only please
All checks must be made payable to "Greene County Combined Health District"

Please return completed registration form with payment to:
Greene County Combined Health District
Environmental Health Division
360 Wilson Drive
Xenia, OH 45385
Phone: (937) 374-5600
Fax: (937) 374-5675



For Office Use Only

Receipt # _____

Date of Seminar _____

Date of Receipt _____

Location _____

Est. Number of Attendees _____

Time _____