

# Food Service Sanitation Program



## Illinois Food Retailers Association

Please **FAX** your  
Registration Form to:  
**(630) 627-8106**

*(For more than two  
delegates, please make  
a copy of this form.)*

*For more information,  
please contact*

Illinois Food  
Retailers Association

(630) 627-8100

1919 S. Highland Avenue, #265D  
Lombard, IL 60148

**Cost:**  
**Full 2-Day Course**  
**\$170 per person**

**1-Day STATE**  
**Renewal Course**  
**\$75 per person**

**1-Day CHICAGO**  
**Renewal Course**  
**\$90 per person**

NOTE: For renewal  
courses – please fax a  
copy of your current State  
and/or City certificate.

## Registration Form – Chicago Area Classes

### Delegates to be Registered:

**Registrant #1**       **Full Course**       **Renewal Course**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Course City \_\_\_\_\_

Course Code \_\_\_\_\_ Course Date \_\_\_\_\_

**Registrant #2**       **Full Course**       **Renewal Course**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Course City \_\_\_\_\_

Course Code \_\_\_\_\_ Course Date \_\_\_\_\_

**Payment Method:**    \_\_\_AmEx    \_\_\_Visa    \_\_\_MCard    \_\_\_Discover

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on account: \_\_\_\_\_

Signature: \_\_\_\_\_

### **If you are registering through your company,**

*please complete the following:*

Authorized by: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_