Managing Risk for Food Businesses
Wednesday, October 14, 2015 – 9:15 AM – 3:30 PM

Mail in Registration Form

Business Name: ________________________________________________________________

Attendee Name: _______________________________________________________________

Address: ______________________________________________________________________

City: __________________________________ State: ___________ Zip: ________________

Telephone: ____________________ *E-mail Address: ______________________________

County Where Your Food Business Is Located: ________________________________________

How Many Years Have You Been Operating Your Specialty Food Business: ______________

Gender: □ Female □ Male

Ethnicity: □ Hispanic/Latino □ Caucasian/White □ African American
□ American Indian/Alaska Native □ Native Hawai’ian or other Pacific Islander □ Multiracial (two or more races)
□ Other

* Registration confirmation will be sent by email

PLEASE MAKE CHECKS PAYABLE TO: University of Maryland

MAIL PAYMENT AND REGISTRATION FORM TO:
University of Maryland Extension – WMREC
Attention: Susan Barnes
18330 Keedysville Road, Keedysville, Maryland 21756

Registration Fee: $40.00

$_________________
Total Enclosed

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