



FOODSAFE LEVEL I Correspondence Course Organization Registration Form

Organization: _____

Mailing Address: _____
Apt. No. _____ Street _____

City/Town _____ Postal Code _____

Contact: _____ Email: _____

Telephone No: _____ Fax No: _____

FEES

- The course fee is non-taxable and includes the workbook, DVD (if required), exam fee, and FOODSAFE certificate. Organizations can purchase additional DVDs for use with multiple registrants at a cost of \$15 each.
- Please contact go2 for a shipping and handling quote for your organization order.

EXTENSION POLICY

The course must be completed within 6 months. Students may request a 2-month extension subject to a \$25.00 fee; otherwise re-registration at full course fee will apply.

OF COURSES ORDERED:

| | | |
|---|-------------------------------|-----------------|
| _____ (#) Course with workbook and DVD: | \$85 plus shipping & handling | \$ _____ |
| _____ (#) Course with workbook only: | \$70 plus shipping & handling | \$ _____ |
| _____ (#) Additional FOODSAFE DVD/s: | \$15.00 each | \$ _____ |
| Shipping & Handling - please contact go2 for bulk shipping price) | | \$ _____ |
| TOTAL | | \$ _____ |

METHOD OF PAYMENT

- Cash (in person only)
 Money Order
 Cheque (payable to **go2**)
 Visa
 Mastercard

Credit Card Number _____ Expiry Date _____

Name as Appears on Card _____ Card Holder's Signature _____

By signing and submitting this form, you indicate your consent for go2 to process your payment for the purposes of receiving this service or product. All personal information collected will be used only for the purpose for which it was gathered.

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WORKBOOK

If you require a workbook in a second language please contact go2 or Queen's Printer at <http://www.crownpub.bc.ca>.

COURSE REFUND

- Unopened course materials within 30 days: full refund of course cost, excluding shipping & handling fees.
- Opened course materials within 30 days: 50% refund of course cost, excluding shipping & handling fees.

DAMAGED DVD REPLACEMENT

Within 30 days: Replacement DVD sent by go2 at no charge upon receipt of damaged DVD.

NAME OF REGISTRANTS: ORGANIZATION: _____

| | | |
|-----|------------|-----------|
| 1) | _____ | _____ |
| | First Name | Last Name |
| 2) | _____ | _____ |
| | First Name | Last Name |
| 3) | _____ | _____ |
| | First Name | Last Name |
| 4) | _____ | _____ |
| | First Name | Last Name |
| 5) | _____ | _____ |
| | First Name | Last Name |
| 6) | _____ | _____ |
| | First Name | Last Name |
| 7) | _____ | _____ |
| | First Name | Last Name |
| 8) | _____ | _____ |
| | First Name | Last Name |
| 9) | _____ | _____ |
| | First Name | Last Name |
| 10) | _____ | _____ |
| | First Name | Last Name |

go2

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