



FOODSAFE LEVEL I DISTANCE EDUCATION Organization Registration Form

Organization: _____

Mailing Address: _____
Apt. No. _____ Street _____

City/Town _____ **Postal Code** _____

Contact: _____ **Email:** _____

Telephone No: _____ **Fax No:** _____

FEES

- The course fee includes the textbook, activity book, exam fee, and FOODSAFE certificate. A minimum of one USB containing a FoodSafe instructional video is a mandatory purchase, but students from the same group may share one USB. Organizations can purchase additional USBs at a cost of \$15.00 each. For each student, organizations must purchase a course fee per student

Please contact go2HR for orders exceeding 30 registrants at foodsafe@go2hr.ca.

OF COURSES ORDERED:

(#) Course fee with USB:	\$95.00 each	\$ _____
(#) Course fee:	\$80.00 each	\$ _____
(#) Additional FOODSAFE USBs:	\$15.00 each	\$ _____
Shipping & Handling		\$ _____
	SUBTOTAL (fees and shipping)	\$ _____
	GST (5% of subtotal)	\$ _____
	TOTAL	\$ _____

METHOD OF PAYMENT

- Cheque/Money Order (payable to **go2HR**)
 Visa Mastercard

Credit Card Number _____ Expiry Date MM/YY _____ CVV _____

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

By signing and submitting this form, you indicate your consent for go2HR 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.



WORKBOOK

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

POLICIES:

EXTENSION POLICY

The course must be completed within 6 months. Students may request a 2-month extension subject to a \$25.00 fee (+ GST). Requests for an extension must be received 30 days prior to course expiry, otherwise, re-registration at full course fee will apply.

EXAM RE-WRITES

Students who do not pass the final exam may re-write the exam within 2 months of the original exam date for a \$15.00 fee (+ GST).

COURSE REFUND

Unopened course materials returned within 30 days: full refund of course cost, excluding shipping & handling fees.

DAMAGED USB REPLACEMENT

Within 30 days: Replacement USB sent by go2HR at no charge upon receipt of damaged USB.

go2HR

910-850 West Hastings Street

Vancouver, BC V6C 1E1

Tel: 604-633-9787 **Fax:** 604-633-9796

foodsafe@go2hr.ca / www.go2hr.ca

Please provide registration information for the students on the following page. If you are registering more than 10 students, please use multiple pages provided.

Registrations may not be transferred to another individual once registered with go2HR.

PLEASE SEND YOUR REGISTRATION TO foodsafe@go2hr.ca



***Students will write the exam:** At different times At the same time

NAME OF REGISTRANTS:

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

NAME OF REGISTRANTS: **ORGANIZATION:** _____

11) _____
First Name Last Name E-mail

12) _____
First Name Last Name E-mail

13) _____
First Name Last Name E-mail

14) _____
First Name Last Name E-mail

15) _____
First Name Last Name E-mail

16) _____
First Name Last Name E-mail

17) _____
First Name Last Name E-mail

18) _____
First Name Last Name E-mail

19) _____
First Name Last Name E-mail

20) _____
First Name Last Name E-mail

NAME OF REGISTRANTS: **ORGANIZATION:** _____

21) _____
 First Name Last Name E-mail

22) _____
 First Name Last Name E-mail

23) _____
 First Name Last Name E-mail

24) _____
 First Name Last Name E-mail

25) _____
 First Name Last Name E-mail

26) _____
 First Name Last Name E-mail

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 First Name Last Name E-mail

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 First Name Last Name E-mail

29) _____
 First Name Last Name E-mail

30) _____
 First Name Last Name E-mail