Registration Form Food Preservation & Safety for Food Entrepreneurs One Day Workshop

Name: _					
Name of	Organization:				
Address	!				
		Province:			
Postal C	Phone	Phone:			
Fax:	Email:	Email:			
Special [Dietary Needs:				
	e location of the " <u>Foo</u> to attend:	od Preservation &	Safet	y for Food Entrepreneurs" workshop	
□ Cape Breton: June 1		: June 16, 2011	51779	Gaelic College 1779 Cabot Trail St. Anne's, Cape Breton, NS	
С	☐ Yarmouth:	June 21, 2011	NS Community College (Burridge Campus) 372 Pleasant Street Yarmouth, Nova Scotia		
	rkshop will be limit person (Confirmatio			<u>Pre-Registration Required</u> -mail or fax)	
Payment	Options				
☐ Enclos	sed is a cheque (pay	/able to: Taste o	of Nova	Scotia) in the amount of \$	
□ Pleas	to my 🗆	VISA	☐ Mastercard ☐ AMEX		
Card Nun			Expiry Date:		
Name on	VISA/Mastercard/AI	MEX:			
Please fa	ax, email or mail reç	gistration form wi	th pay	ment and preferred workshop location	

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