

**Registration Form for: JIFSAN Food Safety Risk Analysis  
Distance Learning Training Programs 2007**

**Print or type your first and last name as you would like it to appear on your course certificate:**

MR. MS. DR. LAST: \_\_\_\_\_ M.I. \_\_\_ FIRST: \_\_\_\_\_

ORGANIZATION/AGENCY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPARTMENT/CENTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (required)

**Enroll Me in the Following Course(s)**

Individual Course Selection	Start Date	Course Fee
Overview Of Risk Analysis	January 9 – 27	\$400
Food Safety Risk Management	March 12 –April 27	\$900
Risk Communication	June 11 – July 27	\$900
Food Safety Risk Assessment	Sept. 10 –Oct 26	\$975
Qualitative and Quantitative Methods in Food Safety Risk Assessment	Dec. 10 – Jan. 25	\$975
<b>Your Total for ALL Course Selections</b>		\$

**Cancellation and Deadline Policy:**

- For updates, check the JIFSAN website at: [www.jifsan.umd.edu](http://www.jifsan.umd.edu).
- Deadline for registration is 7 days prior to course start date for distance learning courses
- **CANCELLATION/ SUBSTITUTION POLICY**
  - Full refunds, less a \$50 processing fee, will be issued for cancellation requests received 30 days or more prior to course start date.
  - Cancellation requests received after that time will be refunded at 50%. No refunds will be granted once the course has begun.
  - Substitutions are accepted at any time. Please contact Customer Service at (301) 405-9960 or [ops-custsvc@umd.edu](mailto:ops-custsvc@umd.edu) in advance to notify us of any substitutions.
- **CANCELLATION OF PROGRAMS POLICY**  
Registration fees will be fully refunded in the event that a program is cancelled by JIFSAN.

**TO REGISTER:**

Option 1. ON-LINE at <http://www.jifsan.umd.edu>

Option 2. FAX: Complete Registration Form with Credit Card Number and Fax to 301-314-5259

Master Card VISA American Express Discover Card

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

Card holder's email address: \_\_\_\_\_

Card holder's telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Billing Address of cardholder

\_\_\_\_\_ Street Address

\_\_\_\_\_ Street Address line 2

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

Country \_\_\_\_\_

Option 3. MAIL

- Check: *Payable in US funds to University of Maryland*
- Purchase Order P.O. # \_\_\_\_\_  
Copy of Official P.O. must be attached

Send to:  
University of Maryland  
ATTN: Customer Service Center  
Office of Professional Studies  
2103 Reckford Armory  
College Park, MD 20742

For questions about your registration, contact Customer Service by phone at (301) 405-9960 or by email at [ops-custsvc@umd.edu](mailto:ops-custsvc@umd.edu)



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