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MICHIGAN STATE UNIVERSITY



An Online International Short Course in Food Safety

November 9 - 13, 2020

Registration Form

Please print in block letters or	type.		
Name (as it appears on your pa	ssport):		
Surname: Given (First) Name:			
Name as you would like it to ap	pear on your certifi	cate:	
Gender: Male () Female () Birthdate	(DD/MM/YYYY):	/ /
Current Position:			
Institution / Organization:			
		City:	
State/Province:			
		Cell:	
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			iaii
Your role/responsibility in yo	_		
Scientist	Regulator	Journalist/ Media	Policy maker
Academic	Administrator	Other (specify): _	
Sponsoring Organization (If a	applicable):		
Email: Phone:			
What motivated you to partic	ipate in this trainir	ng program?	
What are your expectations for	rom this training p	rogram?	
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Please remit form and direct	-		
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