



International Short Course in Food Safety (July 21 - 27, 2024)

REGISTRATION FORM

Please print in block letters or type (As it appears on your Passport).

Last Name: _____ First Name: _____ Middle Initial: _____

Name as you would like it to appear on your certificate: _____

Gender: Male Female Birthdate (DD/MM/YYYY): ____/____/____

Current Position: _____ Do you have any dietary restrictions? _____

Institution / Organization: _____

Mailing Address: Street: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone (with country/city code): _____ Cell Phone: _____

E-mail (Office): _____ E-mail (Personal): _____

Permanent: Street: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone (with country/city code): _____ Cell Phone: _____

Emergency Contact Information: Name: _____

Phone/Cell Phone (with country code): _____ Your relationship with him/her: _____

Address: _____ Email: _____

Name & Contact of the Sponsor (if applicable): _____

Your role/responsibility in your current organization (check circle one or more):

Scientist Regulator Policy Maker Academic Administrator Legal

Other (specify): _____

What motivated you to participate in this training program?

What are your expectations from this training program?

If you have any other comments or suggestions about the course or special requirements, you can write them here. Please feel free to add pages if you need additional space.

Please email the completed registration form to:

Dr. Ramjee P. Ghimire, ghimire@msu.edu

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