

**Produce Safety Alliance Grower Training**

**Registration Form:**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip/Country \_\_\_\_\_

Telephone (        ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Class Size:**

The class size for Produce Safety Rule Trainings will be a maximum of 50 to allow all participants to have time for questions. The minimum class size will be 15 people.

**Cancellation:**

If a class is cancelled due to limited attendance or inclement weather the class fees will be refunded. Those registered for a class cancelled due to low registration will be notified one week in advance of the training date. If there is weather that makes travel to the meeting hazardous, attendees will be notified 24 hours in advance of the training.

An individual who registers for a class but is unable to attend will receive a refund of the class fee minus the registration cost (\$11) if the training coordinator is notified at least one week in advance of the training. All cancellations received within one week of the training will not receive a refund. For cancellations please contact Angela Chopp at 608-265-9585 or [angela.chopp@ecc.uwex.edu](mailto:angela.chopp@ecc.uwex.edu)

**Registration Fee:**

\_\_\_\_\_ Registration \$65.00  
*(Includes: PSA Grower Training Manuals, a certificate of course completion from AFDO and meals.)*

**Dates & Locations: (Please select one)**

\_\_\_\_\_ Friday: **December 7, 2018** – Thorp, WI

\_\_\_\_\_ Thursday: **January 10, 2019** – Stevens Point, WI

\_\_\_\_\_ Friday: **January 18, 2019** – Waukesha, WI

\_\_\_\_\_ Wednesday: **January 23, 2019** – Shawano, WI

\_\_\_\_\_ Thursday: **February 7, 2019** – Baldwin, WI

\_\_\_\_\_ Friday: **February 15, 2019** – Madison, WI

\_\_\_\_\_ Thursday: **February 28, 2019** – Green Bay, WI

\_\_\_\_\_ Friday: **March 15, 2019** – Portage, WI

**TOTAL ENCLOSED** \$ \_\_\_\_\_

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Method of Payment:     Check or money order     MasterCard     Visa     Discover     American Express  
**(payable to UW-Madison)**

Cardholder Name \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Mail to:** Pyle Center Registrations  
Attn: Angela Chopp  
702 Langdon St  
Madison, WI 53706

**or Fax:** 608-265-3163