

**REFRESHER COURSE REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

8 DIGIT # OF CURRENT ILLINOIS FSSM CERTIFICATE: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ COURSE # AND DATE: \_\_\_\_\_

**If you work in a DuPage County foodservice establishment please complete the information below.**

ESTABLISHMENT NAME: \_\_\_\_\_ EST. # F \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RETURN FORM WITH \$65 PAYMENT AT LEAST ONE WEEK PRIOR TO COURSE.**

For more information call Karen Dietrich at 630-221-7195.