

# WISCONSIN BETTER PROCESS CONTROL SCHOOL REGISTRATION FORM

UNIVERSITY OF WISCONSIN-MADISON  
BETTER PROCESS CONTROL SCHOOL  
Session 50• April 29-May 1, 2019



## RETURN FORM AND FEE TO:

UW-Madison Conference Services  
University of Wisconsin  
702 Langdon Street  
Madison, WI 53706

Register online: [www.foodsafety.wisc.edu](http://www.foodsafety.wisc.edu)

Please print clearly or type

Student Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (        ) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Manual, Grade Report and Certificate will be mailed to the address listed on this enrollment form.**

*English language manual supplied.*

Language for exams:  English     Spanish

- REGISTRATION FEE:**  Early Registration - \$725 (includes manual); \$625 group discount (includes manual)  
 Late Registration (after April 15) - \$900 (includes manual)

Advance registration and prepayment required. Enclose fee and make check or money order payable to UW-Madison. When registration form and payment are received, UW-Madison will send a confirmation letter, manual, and school information directly to the address listed on this enrollment form.

The instructional manual for this course is "Canned Foods: Principles of Thermal Process Control, Acidification and Container Closure Evaluation" (8th edition). All students are required to read the manual before attending the School.

Substitutions may be made up to one week prior to the start of the school; please advise Conference Services by calling (608) 262-2451.

To cancel, notify Extension Conference Services at (608) 262-2451. Refunds, less a \$150 processing fee, will be offered up through the early registration deadline, April 15. No refunds will be given for cancellations received after April 15. If the school is cancelled due to insufficient enrollment or unforeseen circumstances, the full fee will be refunded.

**PAYMENT:** Payment may be received via fax form, mail or online. **DO NOT** attempt to email credit card information. All payments are to be submitted to Extension Conference Services at the address listed above.

- Check or Money Order Enclosed (*payable to UW-Madison*)  
 Credit Card Payment. *Please provide complete information below:*

Please charge to the following account:

Visa     Mastercard     AMEX     Discover

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

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

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

Signature \_\_\_\_\_

### Meals (circle those needed)

Monday, April 29  
Lunch

Tuesday, April 30  
Breakfast

Wednesday, May  
Breakfast

Lunch

Lunch

### Dietary Preference:

**Note: You may copy this form for additional people. Please submit one form per person.**