



Vermilion County Health Department
**Food Handler Training
Registration Application**

Name: _____

Establishment/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- Please add me to the Vermilion County's Food Program Email List

REGISTRATION

- Food Handler Training

\$10.00 per person

Date: _____

1:00-3:00pm (Required assessment given immediately after training)

Held in the Vermilion County Health Department's Conference Room

Seating is limited to 15 participants

First Come, First Serve

(Payment must be received to reserve a seat.)

Payment Options

- Cash
- Check (made payable to VCHD)
- Credit Card*

*Service fee may apply.

Online payment with a credit card available at <http://vchd.org>

FOR OFFICE USE ONLY:

Date Received : _____ Cash/CC/Check #: _____ Amount \$ _____

Notes _____