Food Handler Training®
For The Food Processing Industry

MANUAL ORDER FORM

Please Print Clearly in Ink

Name

_____

Company Name

_____

Mailing Address (Number, Street, Unit#)

_____

City/Town **Postal Code** **Phone**

_____ _____ _____

Email Address **Fax**

_____ _____

Privacy Policy: MPO will use this personal information collected to communicate with you regarding updates to the program.

Manual Fees (HST # 121262919)

		# Required	Amount Due
☐ Members	$165.00 + $8.25 (5% HST) = **$173.25**	x _____ =	$ _____
☐ Non-Members	$330.00 + $16.50 (5% HST) = **$346.50**	x _____ =	$ _____

Method of Payment (Payment must accompany form)

☐ Cheque (payable to MPO) ☐ VISA ☐ MasterCard

Card # _____ Exp (mm/yy) _____

CVV# (3 digit number on the back of card) _____

Cardholder Name _____

Signature _____

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