

# Registration Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

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

## Special dietary needs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please select your course from the list below

- |  |  |
|--|--|
| <input type="checkbox"/> Starting a Food Business \$_____            | <input type="checkbox"/> Food Safety Manager Certification \$_____ |
| <input type="checkbox"/> Ag/Food Entrepreneur \$_____                | <input type="checkbox"/> Food Handler Certificate \$_____          |
| <input type="checkbox"/> Backyard Gardening \$_____                  | <input type="checkbox"/> Recipe to Reality \$_____                 |
| <input type="checkbox"/> Farm Festival &<br>Event Management \$_____ | <input type="checkbox"/> Food Safety on the Farm \$_____           |
| <input type="checkbox"/> Tourism Awareness \$_____                   | <input type="checkbox"/> Agritourism Safety \$_____                |

## How to make your payment

Please make your checks payable to AEDI, Inc. and mail with your completed registration form at least two weeks before the date of your training to:

AEDI Inc.  
Post Office Box 38482  
Tallahassee, FL 32315

Please contact us at **(850) 590-2277** or **[info@aediamerica.org](mailto:info@aediamerica.org)** for more information.