Online Food Safe Course Registration & Payment

Name(s): _____

Mailing Address: _____

_____

Phone Number: _____

Employer: _____

Method of Payment:

☐ Visa ☐ Mastercard ☐ Cash ☐ Chq #

(Payable to Sun Country Health Region)

Credit card # Expiry: CVC #

Order Total: X 75.00 = $

_____ _____

Name of Cardholder (as shown on card) Cardholder Signature

Return form with payment to:

Email: PubHealthInspection@schr.sk.ca

Fax: (306) 842-8637 ATTN: Public Health Inspection

Mail: Saskatchewan Health Authority, Public Health Inspection

Box 2003, Weyburn, SK S4H 2Z9

For more information contact Public Health Inspection at 1-888-295-8005