

Online Food Safe Course Registration & Payment

First Name: _____

Last Name: _____

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: Sun Country Health Region, Public Health Inspection

Box 2003

Weyburn, SK S4H 2Z9

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