

**Seafood HACCP Alliance
Basic/SCP/Segment Two Course**

Student Information Sheet

First Name Course Number

M.I. Segment Two Student (*check*)

Last Name

Company

Address 1

Address 2

City State Zip

Country

Phone Ext. Fax

Email

Training Location/City Training Location/State

Training Date

Professional Affiliation (*please check one*)

- Industry Government/Regulatory Education Consultant Other

AFDO Region (*please check one*)

- AFDOSS CASA MCA NCAFDO NEFDOA WAFDO