



**International Center for Food Industry Excellence
at Texas Tech University**

HACCP Registration Form

*Name: _____

Title: (Please choose one of areas listed below)

Upper Management Supervisor QA/QC Line Personnel Other

*Organization: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Fax: _____

*Email address: _____

*Language: English Spanish

**must be completed to be confirmed in the class.*

Payment Information:

Please make check or money order payable to: ICFIE / Food & Safety

Total amount enclosed: _____

Please return this completed form along with the \$600 course fee to:

Lane Kotara
ICFIE / Texas Tech University
MS 42141
Lubbock, TX 79409-2141

Upon receipt of your **completed** registration form and payment, you are confirmed in the class and you will receive conformation by email. *No refunds.*

For more information email: lane.kotara@ttu.edu