

Seafood HACCP Alliance
Basic/SCP/Segment Two Course

Participant Information Sheet

First Name	<input type="text"/>	Course Number	<input type="text"/>
M.I.	<input type="text"/>	Segment Two Participant (<i>check</i>)	<input type="checkbox"/>
Last Name	<input type="text"/>		
Company	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Country	<input type="text"/>		
Phone	<input type="text"/>	Ext.	<input type="text"/>
Email	<input type="text"/>		
Training Location/City	<input type="text"/>	Training Location/State	<input type="text"/>
Training Date	<input type="text"/>		

Professional Affiliation (*please check one*)

- ☐ Industry ☐ Government/Regulatory ☐ Education ☐ Consultant ☐ Other

If you previously completed a SHA Seafood HACCP Training, please provide a copy of your Certificate or provide the Certificate Number _____ Date of course _____

Your name when you completed the course _____