



Payment by check

First name: _____

Last name: _____

Address, phone and email:

- Food Handler training
- Food Establishment Manager training

If more than one person, specify :

Make the check to Hygiène et Salubrité Alimentaires Inc.
and mail it with this form.

Hygiène et Salubrité Alimentaires Inc.
3230 rue de Chambois
Trois-Rivières (Québec) G8Y3M9

Don't forget to create a user account and to book your course.

We'll open you the access to the training once the form and the payment are received. Please, note that we won't issue the MapaQ certificate if the check is not approved by the bank.

I agree to subscribe to the newsletter of hygiene-et-salubrite-alimentaires.com