



**Centers for Disease Control and Prevention
Vessel Sanitation Program
2005 HACCP WORKSHOP REGISTRATION FORM**



For cruise lines that participate in CDC's Vessel Sanitation Program.

DURATION:
8:00 AM, January 12 *through*
12:00 Noon, January 14, 2005

HOST SITE:
Doubletree Grand - Biscayne Bay
For accommodations, contact:
Josee Parsons - 305-523-3308

TARGET GROUP: **Cruise line** corporate food & beverage mangers, corporate executive chefs, corporate sanitation and public health officers, and others responsible for recipe development.



Name of Participating Cruise Line: _____



Number of Seats (attendees) Requested: _____

To apply, complete Sections A-D, F. For replacements, also complete Section E. Please note that incomplete applications will not be processed.



Name of Attendees:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Name of Replacement:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Participating Cruise Line Information:

Address: _____

 Phone: _____ FAX: _____

I certify that this (these) individuals has (have) been notified and is (are) available for training.

Authorized Representative: (please print)

 Signature Date

Return Application Form to:
Cruise Industry Institute
1809 Silver Valley Court
Apopka, FL 32712
Tel.: 407-884-1301
FAX: 407-884-1302
Email: cii@gate.net

