

TummySafe[®] Food Safety Training Course Exam Invoice

Please **PRINT** the following information completely and correctly.

Number of exams requested _____ X \$100.00 = \$_____ (total cost)

First Name _____ Last Name _____

Street or P.O. Box _____
Include Apt. number if necessary

Town _____ State _____ Zip Code _____

Phone number (area code): (_____) _____

Email address (optional): _____

County: _____

Names of people taking exam:

Please send this form and **money order or certified check (cash, personal or business checks are not accepted)** made out to **The School of Human Sciences** for **\$100** for each exam ordered to:

TummySafe[®] Exam Request
School of Human Sciences
Box 9745
MSU, MS 39762

By completing this form, I understand that I will be contacted with exam information from the location closest to this address. It may not be the local county office.

**Current class schedules can be found and credit card payments can be made at:
www.msucares.com/tummysafe**

**For more information, please contact:
Jenna Schilling
662-325-8930
jennas@humansci.msstate.edu**