

Food Safety for Farms and Gardens

Food safety issues are moving to the forefront of consumer consciousness at farmers markets, grocery stores and educational gardens.

This half-day workshop offers direct-market farmers, garden educators and home gardeners an opportunity to explore Good Agricultural Practices (GAP), including proper use of sanitizer, water quality issues and potential food safety hazards. Safe food opens new market opportunities for small farms and protects the farm or garden from liability concerns.

March 16, 2012
1:00 pm—4:20 pm
Clairmont room 133

Register using form below.
\$40 fee.

Call Loretta at 503-594-3292
 for additional information or
 registration questions.

Campus map and driving directions: <http://www.clackamas.cc.or.us/documents/campusmap.pdf>



QUICK ENTRY REGISTRATION FORM 2011-2012

Social Security # **or** Student I.D.# _____ Birthdate * _____ Today's Date _____

Name _____
Last First Middle Previous names

Mailing address _____
Street City State County Zip

Telephone _____
Home Work

High school attended _____
Name Location Graduation Date

SUMMER FALL
 WINTER SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

* If you're under 18, additional permissions may be required before you can register for classes.

Gender Male Female

Ethnicity Hispanic or Latino Not Hispanic or Latino

Race (Choose all that apply) American Indian/Alaska Native Asian
 Black or African America Native Hawaiian or other Pacific Islander White

Residency/Student Type (Required for tuition purposes)
 In State (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.) Immigrant Refugee Other
 Out of State
 US citizen and permanent resident outside of Oregon, CA, ID, WA, NV
 International visitor (B, J, H or other nonstudent Visa)
 International student (requires I-20)

Intended Academic Program
 Program Code/Title _____

Previous College Attendance
 Yes No
 Name of School _____

Reason for Enrolling
 Transfer classes Reading/writing/math skills
 Learn job skills Learn English language
 Update job skills Personal interest
 High school completion/GED Other
 Explore career/academics

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
220005	Food Safety for Farms and Gardens	.35 CEU	1:00-4:20 pm					x		C 133	3/16/12	\$40.00

Payment by:
 VISA/Mastercard/Discover Cash
 Check Other

Card # _____ Exp. Date _____
 Name on card _____
 Signature _____

FAX to: 503-722-5864 or Mail to:
Registrar, Clackamas Community College
19600 Molalla Avenue
Oregon City, OR 97045-7998

A registration confirmation will not be mailed. Please verify your enrollment by going to cougartrax@clackamas.edu

Clackamas Community College does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, age, national origin/ancestry, disability, family relationship or any other protected status in accordance with applicable law. The College's commitment to nondiscrimination applies to curriculum activity and all aspects of operation of the College.