

# MICHIGAN STATE UNIVERSITY

## International Food Safety Program (July 19 - 25, 2026)

### REGISTRATION FORM

Please print in block letters or type (As it appears on your Passport).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name as you would like it to appear on your certificate: \_\_\_\_\_

Gender:  Male  Female Birthdate (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Position: \_\_\_\_\_ Do you have any dietary restrictions? \_\_\_\_\_

Institution / Organization: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (with country/city code): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (Office): \_\_\_\_\_ E-mail (Personal): \_\_\_\_\_

Permanent: Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (with country/city code): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Phone/Cell Phone (with country code): \_\_\_\_\_ Your relationship with him/her: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Contact of the Sponsor (if applicable): \_\_\_\_\_

Your role/responsibility in your current organization (check circle one or more):

Scientist  Regulator  Policy Maker  Academic  Administrator  Legal

Other (specify): \_\_\_\_\_

What motivated you to participate in this training program?

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What are your expectations from this training program?

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If you have any other comments or suggestions about the program, you can write them here.

Please feel free to add pages if you need additional space.

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Please email the completed registration form to:

Dr. Ramjee P. Ghimire at [ghimirer@msu.edu](mailto:ghimirer@msu.edu)

College of Agriculture and Natural Resources, Michigan State University, East Lansing, MI, 48824, USA