

**Seafood HACCP Alliance  
Basic/SCP/Segment Two Course**

**Student Information Sheet**

First Name  Course Number

M.I.  Segment Two Student (*check*)

Last Name

Company

Address 1

Address 2

City  State  Zip

Country

Phone  Ext.  Fax

Email

Training Location/City  Training Location/State

Training Date

Professional Affiliation (*please check one*)

- Industry     Government/Regulatory     Education     Consultant     Other

AFDO Region (*please check one*)

- AFDOSS     CASA     MCA     NCAFDO     NEFDOA     WAFDO