

Food Safety Educational and Training Materials Submission Form

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Part I. About You

Please provide your contact information in case we have questions about this resource. View our [Privacy Policy](#).

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Part II. Resource Information

Please tell us about the material you are submitting.

Resource Title: _____

Producer Name: _____

Producer Contact Information:

Street Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

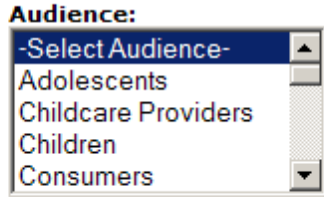
Year Published: _____ Revision Date: _____ Edition: _____

If this resource is available online, please provide the Web site address (url):

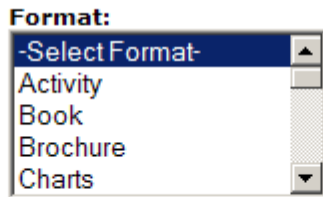
Briefly, describe your resource:

What is the target audience(s)?

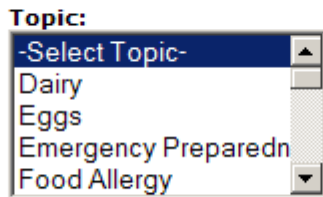
(To select more than one, hold down CTRL key while selecting):



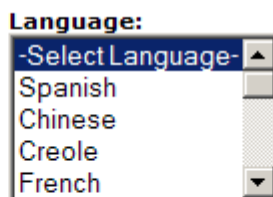
What format(s) is the education material available?
(To select more than one, hold down CTRL key while selecting):



What topic(s), if any, describes the education material?
(To select more than one, hold down CTRL key while selecting):



Is it available in a Non-English Language(s)?
(To select more than one, hold down CTRL key while selecting):



What is the cost of the material (price/unit)? If item is "free" please specify.

Can this material be ordered in quantity?

Yes___ No___

Describe any bulk discounts available:

Please indicate how this material may be used by other educators:

- May copy for educational purposes without prior permission
- Permission needed to copy
- May not copy

How can this item be ordered or accessed?

Online (List url):_____

Printable Order Form (List url):_____

By Phone: _____

By Fax: _____

Email: _____

Free Download (List url):_____

Was this Education Material funded by a Grant?

Yes: _____ No _____

If yes, please specify:

Funding Agency:_____

Grant Number:_____

Project Number:_____

Additional Comments or Information about this Education Material:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0518-0046. The time required to complete this information is estimated at 19 minutes per response due to the averaging of check boxes and text fields.