

**CERTIFIED CULINARY SALES PROFESSIONAL
(CCSP) PROGRAM REGISTRATION FORM
CONTINUING EDUCATION PROGRAMS**



Mail to:
Lorrie Hafner, C.C.S.P.
Continuing Education Registration
The Culinary Institute of America
1946 Campus Drive
Hyde Park, NY 12538-1499
or fax to: 845-451-1078

FOR INTERNAL USE ONLY	
Deposit Fee Received	
Date	

PERSONAL INFORMATION (Please print legibly in ink, or type, in the space below each heading.)

Name (Last, First, Middle)

Home Address

City State Zip Code

Home Telephone Number () Social Security Number (for School ID only) Gender Male Female

Date of Birth (Month/Day/Year) Citizenship (please specify)
 U.S. Other:

Business Address

City State Zip Code

Business Telephone Number () Cell Phone Number () E-Mail Address

Present Position/Title

Present Supervisor Supervisor's Telephone Number ()

Employer's Address

City State Zip Code

Employer Telephone Number () FAX Number () E-Mail Address

Please send me news and information about the CIA via e-mail.

Are you a CIA graduate? Yes No Year:

EDUCATIONAL BACKGROUND—COURSES, WORKSHOPS, AND DEGREES (If more room is needed, please provide attachment.)

Name of College or Institution Offering Program	Program of Study	Degree or Certificate	Dates Attended

Have you been convicted of any crime, other than traffic violations, or sentenced to a corrective or penal institution? Yes No
If yes, please include a letter describing details.

First, Last Name (if form is being faxed):

PLEASE TELL US ABOUT YOURSELF (PLEASE CHECK THE APPROPRIATE BOXES.)

NUMBER OF YEARS IN FOODSERVICE OR HOSPITALITY INDUSTRY

- Less than 1 year 1 to 2 years 3 to 5 years
 6 to 10 years 11 or more years

NUMBER OF YEARS IN SALES

- Less than 1 year 1 to 2 years 3 to 5 years
 6 to 10 years 11 or more years

NUMBER OF YEARS AT YOUR CURRENT COMPANY

- Less than 1 year 1 to 2 years 3 to 5 years
 6 to 10 years 11 or more years

WHAT COMPUTER PLATFORM DO YOU USE?

- PC Macintosh Other: _____

PROGRAM GOALS

What are your personal goals for participating in this program?

FOODSERVICE WORK BACKGROUND (If more room is needed, please provide attachment.)

Name of Employer (List most recent employer first.)	Date Begun	Date Ended	Position Held	Duties

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