

HANDS-ON ASEPTIC PROCESSING TRAINING PROGRAM - 2-Week Program

SESSION 2: **Week 1:** September 12-16, 2011 **Week 2:** October 10-14, 2011 **REGISTRATION FEE:** \$7,895 U.S. Dollars

PROGRAM DETAILS:

Week 1 will cover the fundamentals of aseptic processing, including facility design, velocity testing and airflow studies, basic microbiology, cleaning and sanitization techniques, environmental monitoring, personnel qualification including proper gowning techniques and aseptic technique evaluations. Week 2 will incorporate the information from the first week with more hands-on experience in performing and evaluating media fills, product formulation, rapid microbiological identification, lyophilization, CIP systems, final product testing, good documentation practices and root cause analysis.

LOCATION: The program is held at:

Johnston Community College Workforce Development Center
135 Bestwood Drive
Clayton, NC 27520
Tele: 919.209.2591

HOW TO REGISTER:

Via Fax: Print and complete this form and fax to: **949.215.3657**

Via Mail: Complete this form and mail with payment (check written to **Aseptic Training Institute**) to:

Aseptic Training Institute, LLC
PO Box 7824
Laguna Niguel, CA 92607-7824

Questions? Please contact Aseptic Training Institute, LLC at: **949.716.8414** or e-mail: **ggardner@aseptictraining.com**

Please note that registration fees include: course registration/material, continental breakfast, break refreshments, lunches and internet connectivity at the facility. Airfare, hotel accommodations, rental cars, meals (except listed above) and other fees are **not** included in course registration. Cost of course is refundable if cancellation is received at least 14 days prior to start of course. Otherwise, if less than 14 days prior to the start of the course, you can reschedule or send a replacement.

PLEASE PRINT OR TYPE CLEARLY (*Required)

Prefix*	_____	First Name	_____	Last Name	_____
Job Title*	_____	Special Meal	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten Free <input type="checkbox"/> Allergies		
Company*	_____				
Address 1	_____				
Address 2	_____				
City*	_____	State/Province:*	_____	Zip*:	_____
Country*	_____	Bus Fax:	_____	Bus Tele*:	_____
e-Mail Address*	_____				
			Emergency Contact/Number*: _____		

ABOUT YOU (Please select what best describes your experiences (current and/or past); you may select more than one):

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Microbiologist | <input type="checkbox"/> Validation | <input type="checkbox"/> Facilities | <input type="checkbox"/> Govt/ Branch _____ |
| <input type="checkbox"/> QA/QC | <input type="checkbox"/> Fill Manager/Operator | <input type="checkbox"/> Engineering | <input type="checkbox"/> Other _____ |

PAYMENT METHOD (Registration only accepted with payment in US DOLLARS); paid registration is allowed a substitution; please provide substitution prior to start of registered course). All cards are charged in **US Dollars**.

CHECK Enclosed Payable to **Aseptic Training Institute, LLC** ✓# _____ In the amount of \$ _____

BILL Credit Card (Check One) ☐ American Express ☐ MasterCard ☐ Visa Total Amount \$ _____ USD

Billing address (if different f above) _____

Card Number _____ Card Verification #/expy _____

Name (exactly as on card) _____ Signature/Date: _____

Email Address of Cardholder for payment/receipt information _____