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CLASS DATE: _____

**UNIVERSITY OF IDAHO
FOOD TECHNOLOGY CENTER
1908 E. Chicago Street, Caldwell, ID 83605**

COURSE REGISTRATION
Developing Your Food Product Idea

Contact Jim Toomey at 208-454-7616
jtoomey@uidaho.edu

Name _____

Street _____

City _____ State _____ Zip _____

E-Mail _____

Phone (H) _____ (W) _____ (Mobile) _____

(Circle one)
Proposed or Existing

Company Name _____

Label Name _____

Briefly describe the scale and scope of your food product idea. (Your replies are confidential)

Are you currently producing the product(s) in a home or commercial kitchen?

Do you view your potential food venture as a full or part-time endeavor?