



Producer Training Reimbursement Form

Name	
Address	
Phone Number	
Email Address	
Business/Vendor Name	
Please list the markets you are attending this season.	
Referred By (Please List Full Name)	
Referral Phone Number and Email	

Certification Program Completed

- **Wireless EBT Program**
 - New Certification
 - Re-certification
- Date Completed:

- **Farmers Market Nutrition Program**
 - New Certification
 - Re-certification
- Date Completed:

Please scan and email or mail the completed form and W-9 to:

Eat Greater Des Moines
Attn: Aubrey Alvarez, 756 16th Street, Des Moines, IA 50314
aalvarez@eatgreaterdesmoines.org

