

## Food Service Manager Training Registration Form

Name:		
Company or Employer:		
Phone Number: Email:		
Mailing Address:		
Preferred Book Language:	□English □Spanish □Chinese-Sir *Ple	mplified* CKorean* case allow time for shipping
Preferred Exam Type:	English – Standard English – Large Print*	$\Box$ English – Instructor*
	□Spanish* □French-Canadian* □Chinese* *May not be available if registering less than 2	
Class Date:		∃ 11/18/25 (Tuesday)
Special Accommodations	Needed:	
<ul> <li>Lunch break is 30-6</li> <li>A valid form of pictoretc) must be provided</li> </ul>	ound 2:45pm – You will have two hours to complete 60 minutes – Bring your own food. ure ID (Driver's license, School ID, Green Card, led office if special accommodations are needed to	the exam ServSafe National Restaurant Association Registered ServSafe Proctor & Certified ServSafe Instructor
-	e Manager Training Book is encouraged to aid you in d upon registration. Plan time to study prior to regis	
***NOTICE*** Class registration is non-refundable. Registrant may reschedule for a later class date or transfer registration (with book) to another person.		
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Fee received:	Receipt #:	Date: