

## Food Service Manager Training Registration Form

Name:		
Company or Employer:		
Phone Number:	Email:	
Mailing Address:		
Preferred Book Language:		mplified*   Korean* ease allow time for shipping
Preferred Exam Type:	□ English – Standard □ English – Large Print*	□English – Instructor*
	□Spanish* □French-Canadian* □Chinese*  *May not be available if registering less than 2	•
Class Date:		☐ 8/11/25 (Monday)
<ul> <li>Lunch break is 30-6</li> <li>A valid form of pict etc) 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, ded office if special accommodations are needed to	ServSafe National Restaurant Association  Registered ServSafe Proctor
_	e Manager Training Book is encouraged to aid you ired upon registration. Plan time to study prior to regis	
Registrant may reschedu	***NOTICE*** Class registration is non-refundable. le for a later class date or transfer registration (with	book) to another person.
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	For Office Use Only	
Fee received:	Receipt #:	Date: