



Arizona Restaurant Association

ServSafe® Certified Food Manager's Exam Registration

Passing the ServSafe Food Manager's Exam satisfies the Certified Food Manager requirement of Maricopa, Pima, Cochise, Yavapai, Mohave and Yuma Health Departments. The class is designed as a 4-hour session with a certification exam at the end of the class. Results will be available via online about 10-15 days after the date of your exam. You are required to register and pay for the course in advance. Upon registration a study guide will be sent (email) to you and we urge you to study it to better prepare you for the class. There will be a \$25.00 rescheduling fee if withdrawal is less than 48 hours of the class date or for No-Show attendees. Substitutions are permissible, but must be phoned/emailed in at least 24 hours in advance of the class. In order to take the class and exam you MUST have TWO forms of ID: one must have a photograph and the second must have a signature. This is strictly enforced. Classes are subject to change and/or cancellation. Questions? Please call our office at 602-307-9134. Fax form to 602-391-2784 or email jana@azrestaurant.org.

DATE	Language	Location	Time
Tuesday, January 11	English	Phoenix, ARA, 3333 E. Camelback Rd., Ste. 285	5:30pm - 9:30pm
Wednesday, January 26	English	Phoenix, ARA, 3333 E. Camelback Rd., Ste. 285	5:30pm - 9:30pm
Monday, January 31	English	Tucson, Shamrock Foods Creamery, 1900 W. Ruthrauff Rd.	9:00am - 1:00pm

Indicate your selected class date here: _____ An email address to receive a study guide: _____

Restaurant/Company Name: _____

Attendee #1 Name: _____ Retest? (circle): Yes No

Attendee #2 Name: _____ Retest? (circle): Yes No
(To enroll more than two attendees, please attach a separate sheet.)

Class fees (includes study materials)

Quantity	Description	ARA Members	Non-Members	Total
	Retest	\$41	\$51	
	Spanish Class & Exam	\$120	\$165	
	English Class & Exam	\$120	\$165	
TOTAL				

IMPORTANT

Payment must accompany this form or registration cannot be guaranteed!!

Payment Method: Check Payable to: Arizona Restaurant Association: 3333 E. Camelback Rd., Ste 285 - Phoenix, AZ 85018

Visa Master Card American Express

Card Number: _____ Expiration Date: _____ Billing Zip Code: _____

Cardholder's Name: _____ Cardholder's Signature: _____