Arizona Restaurant Association

ServSafe® Certified Food Manager's Exam Registration

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 business 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 a photo ID. 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, October 11	English	Phoenix, ARA, 3333 E. Camelback Rd., Ste. 285	5:30pm – 9:30pm
Tuesday, October 18	English	Phoenix, ARA, 3333 E. Camelback Rd., Ste. 285	5:30pm – 9:30pm
Wednesday, October 26	English	Phoenix, ARA, 3333 E. Camelback Rd., Ste. 285	5:30pm – 9:30pm
Wednesday, October 26	English	TUCSON, El Molinito, 10180 N. Oracle Rd.	9:00am – 2:00pm

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:_____CVV Code: _____

Cardholder's Name:_____Cardholder's Signature:_____

Billing Address:_____City:_____State:_____Zip Code:_____