



# 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](tel:602-391-2784) or email [jana@azrestaurant.org](mailto:jana@azrestaurant.org).

DATE	Language	Location	Time
Wednesday, April 22	English	Phoenix, ARA, 3900 E. Camelback Rd., Ste. 200	5:30pm – 9:30pm
Tuesday, May 12	English	Phoenix, ARA, 3900 E. Camelback Rd., Ste. 200	9:00am – 1:00pm
Wednesday, May 20	English	Phoenix, ARA, 3900 E. Camelback Rd., Ste. 200	5:30pm – 9:30pm

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	ARA Non-Members	Total
	Retest	\$41	\$51	
	Spanish Class & Exam	\$125	\$170	
	English Class & Exam	\$125	\$170	
<b>TOTAL</b>				

**← IMPORTANT →**  
**Payment must accompany this form or registration cannot be guaranteed!!**

Payment Method:  Check Payable to: Arizona Restaurant Association: 3900 E. Camelback Rd., Ste. 160 – 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: \_\_\_\_\_