



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.

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
Wednesday, June 10	English	Tucson, Hotel Congress, 311 E. Congress St.	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	ARA Non-Members	Total
	Retest	\$41	\$51	
	Spanish Class & Exam	\$125	\$170	
	English Class & Exam	\$125	\$170	
TOTAL				

← 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: _____