

ServSafe® Registration Form



**Thank you for choosing the DRAEF for your training needs.
 Please read and complete this form thoroughly.**

Complete a separate form for each attendee. PRINT information clearly.

Fax completed form to (302)738-2546, email to raelynn@delawarerestaurant.org or, mail to Delaware Restaurant Association Educational Foundation,
 PO Box 8004, Newark DE 19714

COURSE REQUIRED: ServSafe® Food Protection Manager Certification CLASS & EXAM –\$180.00 ServSafe® Manager **EXAM ONLY \$85.00** ServSafe® Food Protection **ONLINE EXAM ONLY: \$125.00** *All ServSafe Manager Certification Exams are Proctored.

COURSE/EXAM DATE: _____

COURSE/EXAM TESTING LOCATION: _____

ATTENDEE NAME (print): _____

COMPANY: _____

MAILING ADDRESS: **BUSINESS** **RESIDENTIAL** (No P.O. Boxes-Materials are shipped via USPS traceable mail)

IMPORTANT NOTE: Class materials will be sent to the email address you provide. Upon passing the exam, you will be able to print certificates yourself by logging into your ServSafe.com account.

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (____) _____ **FAX:** (____) _____

EMAIL: _____

IMPORTANT NOTE: Please provide a DIRECT phone number and email address for the attendee. Should a session be cancelled due to lack of registration, we will use this information to contact the attendee.

*Attendees should register at least 10 business days in advance to ensure a spot in the class. Please plan accordingly.

PAYING BY CREDIT CARD

PAYING BY CHECK

*If you are paying by check, your check MUST be included with this form. Make checks payable to Delaware Restaurant Association Educational Foundation. Forms received without payment will NOT be processed. Delaware Restaurant Association membership is required for discounted pricing.

Credit Card Payment Authorization:

I authorize the Delaware Restaurant Association Educational Foundation to bill the card listed below for the specified amount above.

 Name of Cardholder (please print)

 Credit Card Billing Address

 City State Zip Code

 Cardholder Signature

(Please check the type of credit card)

Visa **MasterCard** **Amex** **Discover**

Credit Card Number _____

CC Expiration Date _____

Security Code (last 3 digits on back of card) _____

Full-Day Training -\$180

Exam Only - \$85

Date _____

IMPORTANT NOTE: No refunds will be issued, however all registration fees are transferable to another date or employee. Fees may apply. You are NOT officially registered for a course/exam until you receive a confirmation from the DRAEF. If you are unsure of your registration status, please contact Raelynn Grogan at (302)738-2545, or raelynn@delawarerestaurant.org.