ServSafe Food Safety Manager training & exam (English)

Given By the Uncas Health District

When: Thursday, September 19, 2019
Where: Dime Savings Bank, Community Room
       290 Salem Turnpike, Norwich, CT
Time: 8:00am – 4:00pm
Cost: $145.00 (includes course book & exam) NONREFUNDABLE

PARK IN LOWER OR REAR PARKING LOT ONLY!
SMOKING IS PROHIBITED IN THE FRONT OF THE BUILDING, PLEASE GO TO REAR OF BUILDING

Seating is limited
spots will not be reserved

Participants must register by Thursday, September 12, 2019 in order to attend.
Call Laura Boudah at 823-1189 x111 or email: ofcmgr@uncashd.org to register.

This course is intended for food workers seeking to fulfill the Food Safety Manager requirement for food service establishments, CT Public Health Code Sections 19-13-B42(s)(4). Under the FDA food code, Class 2, 3 & 4 establishments will need to have a valid (not expired) CFPM certificate.

This course/exam is in English, please refer to www.servsafe.com for course/exam given in other languages

Please let us know at the time of registration if you are in need of any special accommodations.
ServSafe Food Safety Manager training and exam
REGISTRATION FORM
Thursday, September 19, 2019
Dime Savings Bank, Community Room
(Please park in lower level or rear parking lot)

Please complete all information with phone number/email in case of cancellation

Name: _____________________________________________________
Address: _____________________________________________________
_____________________________________________________
Phone: _________________________
Organization: ______________________________________________________
Email: ____________________________________

The fee for this course is $145.00- Retake exams are $72.50 for exam only. Registration to the class
is not complete until payment is received.

Please make check payable to  Uncas Health District

Please mail payment to:  Uncas Health District
c/o Laura Boudah
401 W. Thames St., Ste 106
Norwich, CT  06360

For office use only

Date received: ____________________
Check #:  _____________ ;  Cash: ____  M/C/Visa: _____________________________
Receipt #   ________________________

Book received:  □ YES  □ NO  Date book received: ________________

Received by: (please print name)  ________________________________