SERVSAFE® CLASSES 2022





A **Certified Food Protection Manager** is required to be onsite at all times during kitchen operating hours

- 2021 AZ Food Code

SERVSAFE food safety training from Food and Nutritional Solutions, LLC is the answer. This class is approved for the Certified Food Protection Manager. Our instructors administer the certification exam to attendees at the end of the 4 hour class. Those who pass the exam receive an ANSI accredited certification from the National Restaurant Association Education Foundation good for 5 years.

Dates: December 8, January 12, February 9

Location: US Foodservice 4650 W. Buckeye Rd. Phoenix, AZ 85043

Time: 9:30 am – 2:30 pm

Cost: \$175 (includes <u>comprehensive</u> course book, practice materials, class & exam)

Registration Deadline: 2 weeks prior to start of class.

Class space is limited to 20 participants. Schedule changes may occur.

NOTE: No Shows & cancelations less than 48 hours prior to class will result in a \$50 rescheduling fee

	REGISTRATION FORM	
Name:	Company:	
Job Title:	Phone #:	Fax #:
Mailing Address below is:	Business Residence	
Name / Company Name:		
Street:		
City:	State:	Zip:
Class Date Requested - 1 st	Choice: 2	nd Choice:
	If this is a re-test, pay \$50.0	0
Do you need a Spanish book	? Yes Do you nee	ed a Spanish exam? Yes

E-mail or Fax Registration Form to:

foodandnutritionalsolutions@gmail.com

Fax - 1.888.550.4813

Payment is required with registration. See final page for more information.

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FO	R MULTIPLE	PARTICIPANTS		
Name:		Phone #:		
Job Title:	E-	-mail:		
Mailing Address below is: Busin	ness	Residence		
Name / Company Name:				
Street:				
City:	State:	Zip:		
Name:		Phone #:		
Job Title:	E-1	mail:		
Mailing Address below is: Busin	ness R	Residence		
Name / Company Name:				
Street:				
City:	State:	Zip:		
Name:		Phone #:		
Job Title:	E-I	mail:		
Mailing Address below is: Busin	ness R	Residence		
Name / Company Name:				
Street:				
City:	State:	Zip:		
Name:		Phone #:		
Job Title:	E-1	mail:		
Mailing Address below is: Busin	ness R	Residence		
Name / Company Name:				
Street:				
City:	State:	Zip:		
Name:		Phone #:		
Job Title:	E-I	mail:		
Mailing Address below is: Busin	ness R	Residence		
Name / Company Name:				
Street:				
City:	State:	Zip:		

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PAYMENT OPTIONS

ONLINE CREDIT CARD PAYMENT LINK: https://buy.stripe.com/dR68yl0nBgsVbsI4gq

RE-TEST LINK: https://buy.stripe.com/3cs7uhfivekNgN2eV5

ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

If you are unable to pay online, please sign and complete the form below to authorize Food and Nutritional Solutions, LLC to make a one-time debit to your credit card. By signing this form, you give Food and Nutritional Solutions, LLC permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

l,	,authorize Food and Nutritional						
Solutions, LLC to charge my credit card account indicated below for \$ on or							
after	. This is for the <u>ServSaf</u>	e Food Protection Mar	nager Certification.				
Billing Address:							
City:		State:	Zip:				
Phone:	E-mail:						
CREDIT CARD TYPE:							
CARDHOLDER NAME:							
ACCOUNT NUMBER:							
EXPIRATION DATE:							
SECURITY CODE:							

BY CHECK:

Make payment to "Food and Nutritional Solutions, LLC"

Food and Nutritional Solutions, LLC PO Box 14143 Tempe, AZ 85284-0070