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: Decembe	· · · · · · · · · · · · · · · · · · ·
Time: 9:30 am –	ervice 4650 W. Buckeye Rd. Phoenix, AZ 85043 2:30 pm des <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						
ame: 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:						
<mark>If this is a re-test, pay \$50.00</mark>						
Do you need a Spanish book? Yes Do you need a Spanish exam? Yes						
E-mail or Fax Registration Form to: office@foodandnutritionalsolutions.com Fax - 1.888.550.4813						
Payment is required with registration. See final page for more information.						

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FOR MULTIPLE PARTICIPANTS

Name:		ne #:				
ob Title: E-mail:						
Mailing Address below is: Business	Residence					
Name / Company Name:						
Street:						
City: State:		Zip:				
Name:	Pho	ne #:				
Job Title:	E-mail:					
Mailing Address below is: Business	Aailing Address below is: Business Residence					
Name / Company Name:						
Street:						
City: State:		Zip:				
Name:	Pho	ne #:				
Job Title:	E-mail:					
Mailing Address below is: Business	Residence					
Name / Company Name:						
Street:						
City: State:		Zip:				
Name:	Pho	ne #:				
Job Title:	E-mail:					
Mailing Address below is: Business	Residence					
Name / Company Name:						
Street:						
City: State:		Zip:				
Name:	Pho	ne #:				
Job Title:	E-mail:					
Mailing Address below is: Business	Residence					
Name / Company Name:						
Street:						
City: State:		Zip:				

For any questions, please contact Anna de Jesus at (602) 819-8394 or office@foodandnutritionalsolutions.com







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PAYMENT OPTIONS

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

Ι,	,authorize Food and Nutritional				
Solutions, LLC to charge n	ny credit card accour	t indicated below fo	r \$	on or	
after	. This is for the <u>ServS</u>	afe Food Protection I	Manager Certification	<u>l</u> .	
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