****

 **2019 SERVSAFE CLASS REGISTRATION FORM**

This course is primarily to certify managers/staff and will require a written examination. A certificate will be issued upon satisfactory completion of the course and will be valid for (5) five years. Registration is complete when your form and fee are received by our office. Your textbook will be provided at registration and should be reviewed prior to class attendance. **Registration is completed at 1916 North Leg Rd, Building K, Augusta, GA, 30909.** No shows must reschedule within 10 days of the missed class or all fees are forfeited. **NO REFUNDS!!!** Should you have any questions, please feel free to call our office at (706) 667-4234.

|  |
| --- |
| **NAME:** |
| **FACILITY:** |
| **ADDRESS:** |
| **CITY:** | **STATE:** | **ZIP:** |
| **EMAIL:** | **PHONE:** |

**FEE(S): \_\_\_\_\_Class: Includes Book & Exam - $190**

 **\_\_\_\_\_Class & Exam Only: \*No Book - $135**

 **\*ServSafe Manager 7th Edition book is required for class \_\_\_\_\_Book & Exam Only: No Class - $135**

 **\_\_\_\_\_Book Only - $75**

 **\_\_\_\_\_Exam Only: Day 2 at 1:45 PM - $75**

 **\_\_\_\_\_Online Exam (Call for appt.) - $75**

**PLEASE SELECT A LANGUAGE PREFERENCE FOR PRINTED MATERIALS:**

Textbook/Exam: \_\_\_\_\_English \_\_\_\_\_Spanish \_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Textbook/Pretest Issued: 🞎Yes 🞎No Initials: \_\_\_\_\_\_\_\_\_\_

**CLASSES:** □January 16-17, 2018 □ May 22-23, 2018 □ September 25-26, 2018

 □ February 13-14, 2018 □ June 19-20, 2018 □ October 23-24, 2018

 □ March 20-21, 2018 □ July 24-25, 2018 □ November 20-21, 2018

 □ April 17-18, 2018 □ August 21-22, 2018

**LOCATION OF CLASS: Richmond County Health Department**

 **1916 North Leg Rd. Building D**

 **Augusta, GA 30909**

**TIME: 9 AM TO 5 PM**

Please make checks payable to: Richmond County Health Department (RCHD) and mail with your completed registration form to the address above or you may email or fax your registration form and make payment over the phone using a credit/debit card OR register and pay in our office.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Print Name Date**