

# ServSafe® Registration

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Company Shipping Address: \_\_\_\_\_

Check here if this is a residence

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 3 Ways to Register

**1.** Mail form to:  
WRA Education Foundation  
2801 Fish Hatchery Road  
Madison, WI 53713

**2.** Fax completed form  
to 608.270.9960

**3.** Save a stamp! Visit  
[www.wirerestaurant.org](http://www.wirerestaurant.org)  
for online registration

**Address must be a street address. We cannot ship to P.O. Boxes.**

You may register more than one person per establishment.

Please list additional names and attach to this registration form.

**Please indicate your site number:**

(from course schedule at left)

Site #

**Book Version** (check one):

English  Spanish  Chinese  Korean

**Exam Version** (check one):

English  Spanish  Chinese  Korean  Instructor  
 French Canadian  Japanese  Large Print

**ServSafe® Initial Course Fees (per person, includes lunch):**

Item	Price	Quantity	
WRA Member	\$125	x _____	= \$ _____
Non-member	\$160	x _____	= \$ _____
Shipping (incl. sales tax)	\$5.95	x _____	= \$ _____

Re-test fee\* \$80 x \_\_\_\_\_ = \$ \_\_\_\_\_

Rescheduling fee \$65 x \_\_\_\_\_ = \$ \_\_\_\_\_

\*Retest Fee is for individuals who failed the test within the last 12 months and need to retake the test.

*Prices  
are subject  
to change  
without notice.  
Must pay  
shipping!*

**ServSafe® Recertification Course Fees (per person):**

(To be eligible to take the recertification course, you must have your state issued Certified Food Manager License.)

Item	Price	Quantity	
WRA Member	\$75	x _____	= \$ _____
Non-member	\$90	x _____	= \$ _____
Shipping (incl. sales tax)	\$5.95	x _____	= \$ _____

Rescheduling fee \$35 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Payment Information**

Check payable to  
WRA Education Foundation is enclosed

Charge my total to:  AMEX  DISC  MC  VISA

**Grand Total**  
(must include  
shipping)

Card # \_\_\_\_\_ Exp. Date (mm/yyyy) \_\_\_\_\_/\_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_