

# ServSafe® Registration

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

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

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

Co. Shipping Address: \_\_\_\_\_

Is this is a residence? Add \$5 to shipping fee.

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

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

Phone: \_\_\_\_\_ Cell\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

\*I give approval to receive emails or text messages from WRA.

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

To register more than one person per establishment, list additional names and attach to this form.

## To Register

Register online at:  
[www.wirerestaurant.org](http://www.wirerestaurant.org)

-or-

Mail form to:  
WRA Education Foundation  
2801 Fish Hatchery Road  
Madison, WI 53713  
Fax: 608.270.9960

## Indicate your site number:

(from 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® Manager Review and Exam Fees (per person, includes lunch):

| Item                    | Price           | Quantity |            |
|-------------------------|-----------------|----------|------------|
| WRA Member              | \$125           | x _____  | = \$ _____ |
| Non-member              | \$160           | x _____  | = \$ _____ |
| Shipping (includes tax) | *\$7.95/\$12.95 | x _____  | = \$ _____ |

Rescheduling Fee    \$65    x \_\_\_\_\_ = \$ \_\_\_\_\_

Retest Fee    \$80    x \_\_\_\_\_ = \$ \_\_\_\_\_

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

\*Must include shipping:  
\$7.95 to business,  
\$12.95 to residential

## Wisconsin Food Manager's Recertification Fees (per person):

To be eligible, you must have a state-issued Wisconsin Food Manager License.

| Item                    | Price           | Quantity |            |
|-------------------------|-----------------|----------|------------|
| WRA Member              | \$75            | x _____  | = \$ _____ |
| Non-member              | \$90            | x _____  | = \$ _____ |
| Shipping (includes tax) | *\$7.95/\$12.95 | x _____  | = \$ _____ |

Rescheduling Fee    \$35    x \_\_\_\_\_ = \$ \_\_\_\_\_

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

\*Shipping: \$7.95 to business, \$12.95 to residential

**Grand Total**

## Payment Information

Check payable to WRA Education Foundation is enclosed

Charge my total to:  AMEX     DISC     MC     VISA

Card #

Exp. Date (mm/yyyy)

Cardholder Name (print)

Signature

3-digit CVC