ServSafe® Registration

Name: ____________________________________________
Title: ____________________________________________
Company: ________________________________________
Co. Shipping Address: ______________________________
___________________________________________________
___________________________________________________

☐ Check if a residence.
WRA is not responsible for lost or stolen deliveries to residences.
City: _____________________________________________
State: ___________ Zip: _____________________________
Phone: ____________________ Attendee Cell*: __________
Email**: ___________________________________________________________________

*In case of emergency **I give approval to receive emails 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.

Session Selection

Site # __________________________
(from schedule at left)

Book Version (check one):
☐ English ☐ Spanish ☐ Chinese ☐ Korean

Exam Version (check one):
☐ English ☐ Chinese ☐ Korean ☐ Instructor
☐ Spanish ☐ Japanese ☐ Large Print ☐ French Canadian

ServSafe® Manager Review and Exam Fees (per person, includes lunch):
Persons wishing to register for an exam proctored by Wisconsin Restaurant Association should call 800.589.3211.

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRA Member Rate</td>
<td>$125</td>
<td>x _______</td>
<td>= $ __________</td>
</tr>
<tr>
<td>Standard Rate</td>
<td>$160</td>
<td>x _______</td>
<td>= $ __________</td>
</tr>
<tr>
<td>Shipping (includes tax)</td>
<td>$12.95</td>
<td>x _______</td>
<td>= $ __________</td>
</tr>
</tbody>
</table>

Must pay shipping! Prices subject to change without notice.

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.

Refund Policy:
I understand that no refunds will be given and that my original registration will be void after 12 months.

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)

Billing Address (if different from above)

Signature __________________________ Security Code ________