

# 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.

**Register online at:  
wirerestaurant.org**

**-or-**

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

## 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.

Item	Price	Quantity	
WRA Member Rate	\$125	x _____	= \$ _____
Standard Rate	\$160	x _____	= \$ _____
Shipping (includes tax)	\$12.95	x _____	= \$ _____

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

Must include shipping—register online to save money on commercial shipping

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 \_\_\_\_\_