

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:
www.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 _____