

SERVSAFE REGISTRATION FORM

Please submit a registration form for each participant.

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: () _____

Participant Name: _____

2012 ServSafe® Dates *(please check your class date preference):*

The classes are held at 3101 Burnet Ave. and are from 8 am-5 pm.

February 21 & 22, 2012 _____ **September 18 & 19, 2012** _____

April 4 & 5, 2012 _____ **November 7 & 8, 2012** _____

May 23 & 24, 2012 _____ **February 20 & 21, 2013** _____

July 17 & 18, 2012 _____

The registration fee must be received 10 days before the class date. The registration fee is non-refundable.

Total Amount Included (\$160.00 per person): _____

Please make check out to; **Treasurer, City of Cincinnati**

Mail this Registration Form and Check or Money Order to:

Cincinnati Health Department

3845 Wm P. Dooley By Pass

Cincinnati, Ohio 45223

Attn: Ken Sharkey, MPH, RS

513-564-1762