



**NEW YORK STATE RESTAURANT ASSOCIATION**  
 1001 Avenue of the Americas, 3rd Floor, New York, NY 10018  
 Tel: (212) 398-9160 • Fax: (212) 398-9650



*We serve you*

Today's Date: \_\_\_\_\_

# SERVSAFE ALCOHOL™ REGISTRATION FORM

**Class Dates:**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Restaurant Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Attendee(s):**

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

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

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

**Cost per attendee is \$85.00 for NYSRA Members**  
*\$100.00 for non-members*

**• CLASS SPACE IS LIMITED • PAYMENT IS DUE AT REGISTRATION •**

*Confirmations will be e-mailed or faxed upon receipt of complete application & payment*

**If you wish to PAY BY CHECK:**

Please mail this form with your check or money order made payable to:

New York State Restaurant Association  
 1001 Avenue of the Americas, 3rd Floor  
 New York, NY 10018  
 Attn: Victoria Picarazzi

**If you wish to PAY BY CREDIT CARD:**

Please enter your information and fax this form to (212) 398-9650 Attn: Victoria

AMEX  VISA  MASTERCARD  DINERS CLUB  DISCOVER

Card No. \_\_\_\_\_ Exp. Date (mm) \_\_\_\_/ (yy) \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

*I hereby authorize NYSRA to charge my card for the registration fees for the above attendees.*

Signature: \_\_\_\_\_

**CANCELLATION POLICY:** *Cancellations must be telephoned in by 12-noon on the Friday prior to the class date. Failure to do so will result in a 100% cancellation fee.*

Further information, questions or concerns should be directed to Victoria Picarazzi  
 by telephone or e-mail at **212-398-9610** or **Victoria@NYSRA.NET**