



We serve you

# FOODHANDLERS' CERTIFICATION REGISTRATION FORM



Today's Date: \_\_\_\_\_ Class Dates: \_\_\_\_\_

### Attendee(s):

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

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

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

### Restaurant Information:

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

Address: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Cost per attendee is \$165.00 for members, \$200.00 for non - members.**

**CLASS SPACE IS LIMITED. RESERVATIONS WILL BE ACCEPTED ONLY WITH PAYMENT**

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

(212) 398-9160, Ext. 23 or (800) 442-5959, Ext. 23

To pay by **CREDIT CARD**, please enter your information and fax this form to (212) 398-9650

AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DINERS CLUB \_\_\_\_\_ DISCOVER \_\_\_\_\_

Card No. (16 numbers) \_\_\_\_\_

Exp. Date (mm) \_\_\_\_ / (yy) \_\_\_\_ Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_ (Authorizing Charge)

*Cancellation Policy: Cancellations will only be accepted one full week prior to the class start date. No refunds, credits for another course will be issued.*