



# ServSafe Food Safety Manager training & exam (English)

Given By the Uncas Health District

When: Wednesday, November 6, 2019  
Where: Dime Savings Bank, Community Room  
290 Salem Turnpike, Norwich, CT  
Time: 8:00am – 4:00pm  
Cost: \$145.00 (includes course book & exam) **NONREFUNDABLE**  
**PARK IN LOWER OR REAR PARKING LOT ONLY!**  
**SMOKING IS PROHIBITED IN THE FRONT OF THE BUILDING, PLEASE GO TO REAR OF BUILDING**

**Seating is limited**  
*spots will not be reserved*

Participants must register by Tuesday, October 29, 2019 in order to attend. Call Laura Boudah at 823-1189 x111 or email: [ofcmgr@uncashd.org](mailto:ofcmgr@uncashd.org) to register.

This course is intended for food workers seeking to fulfill the Food Safety Manager requirement for food service establishments, CT Public Health Code Sections 19-13-B42(s)(4). Under the FDA food code, Class 2, 3 & 4 establishments will need to have a valid (not expired) CFPM certificate.

This course/exam is in **English**, please refer to [www.servsafe.com](http://www.servsafe.com) for course/exam given in other languages

Please let us know at the time of registration if you are in need of any special accommodations.



ServSafe Food Safety Manager training and exam

REGISTRATION FORM

Wednesday, November 6, 2019

Dime Savings Bank, Community Room

***(Please park in lower level or rear parking lot)***

**Please complete all information with phone number/email in case of cancellation**

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

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The fee for this course is \$145.00- Retake exams are \$72.50 for exam only. Registration to the class is not complete until payment is received.

Please make check payable to ***Uncas Health District***

Please mail payment to:           Uncas Health District  
  c/o Laura Boudah  
  401 W. Thames St., Ste 106  
  Norwich, CT 06360

*For office use only*

Date received: \_\_\_\_\_

Check #: \_\_\_\_\_ ; Cash: \_\_\_\_\_ M/C/Visa: \_\_\_\_\_

Receipt # \_\_\_\_\_

Book received:    YES    NO   Date book received: \_\_\_\_\_

Received by: (please print name) \_\_\_\_\_