

SERVSAFE REGISTRATION FORM – EXAM ONLY

Please Print

Fields marked with an * are required.

This form may be copied as necessary

Attendee Name* _____

Organization _____

Email Address* _____

Mailing Address* _____

City, State, Zip* _____

Phone* _____

MAY 2, 2019

AUGUST 8, 2019

EXAM ONLY \$95.00

- Answer sheet provided. 2 hours will be allowed for the exam.

Public Services Building
Large Conference Room
9:00 a.m.

We can seat 12 students per session and are filled on a first come, first served basis. If the session fills, you will be notified of other session options.

Payments accepted: Check, Cash, Visa, MasterCard, and Discover

Please make checks Payable To: **Grand Traverse County Health Department**

Remit Payment and Registration to:
GT County Environmental Health
2650 LaFranier Rd.
Traverse City, MI 49686
P: 231.995.6051
F: 231-995-6033
eh@grandtraverse.org

Office Use Only: Amt Rec'd _____

Date _____

Receipt # _____