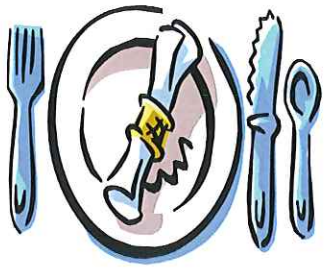

SERV-SAFE
FOOD SAFETY PROGRAM
REFRESHER

*	Date:	Tuesday, December 12, 2017 (snow date 12/14/17)
•	Time:	2:00 p.m. - 9:00 p.m.
*	Class Size:	Minimum of 10 registrants to conduct class
*	Place:	North Central District Health Department 31 North Main Street, Lower Level Enfield, Connecticut 06082
*	Fee:	$125.00 per person (includes Food Safety Training Manual)

This program will provide attendees with a review of the important points of ServSafe with a concentration on the changes in the Federal Food Code that have been made as a result of trends in food borne illness and the latest food safety science.

This program will be taught by Eric Nusbaum, PhD of Wheelwright Associates, Inc. Dr. Nusbaum is a member of the Connecticut Restaurant Association and has conducted over 200 programs.

Call for additional information: North Central District Health Department
745-0383 - Ask for Deb C. or Pat

Registration Deadline is Friday, December 8, 2017.

North Central District Health Department

☐ Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
☐ Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872-1531
☐ Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
☐ Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

SERV-SAFE **REFRESHER** COURSE
REGISTRATION FORM

Date: _____

Establishment Name: _____

Establishment Street: _____

City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Last Name: _____ First _____

Email: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Telephone No. _____ Business Telephone No. _____

Course: SERV-SAFE: Serving Safe Food – REFRESHER

Course Date: Tuesday, December 12, 2017 (2:00 pm – 9:00 pm) -**Snow date 12/14/2017

I acknowledge that this course is for educational purposes and that there is no guarantee from NCDHD that I will pass the examination after taking the course. Responsibility for studying and passing the exam is my own.

Date _____ Signature _____

Fee: $125.00 per person Paid: _____
(Make check payable to: "NCDHD")

Rev 10/31/17