



ServSafe Certification Course Registration

Personal and Company Information

Registrant #1 Name _____
 Registrant #2 Name _____
 Company / DBA _____
 Mailing Address _____
 City, State, Zip _____
 Phone () _____ FAX () _____
 Email Address _____

Is your company an Oregon
 Restaurant & Lodging Assoc. yes no
 Member?

Class Date March 11, 2011 Location: Salem Convention Center

Payment Information

Cost is ~~\$109~~ ORLA members, ~~\$139~~ non-ORLA members. Special Class Rate!!
 NOTE: *ServSafe materials will only be sent when payment is received at the ORLA office.*

Total number of registrants ____ **X \$99.00 = \$** _____
 Check enclosed
 Credit card
 Invoice: PO Number _____

Card Number _____ Exp. Date _____
 Name on Card _____
 Signature _____

Send to:
 Oregon Restaurant &
 Lodging Association
 8565 SW Salish Ln. 120
 Wilsonville OR 97070

Or fax to:
 Oregon Restaurant &
 Lodging Association
 Attn: Sue Smith
 503-682-4455

Or call our office:
 Oregon Restaurant &
 Lodging Association
 971-224-1503 (Portland)
 866-679-6733

For Office Use Only: **Payment Rec'd** _____ **Book Mailed** _____