

2010 Certified Food Manager & Recertification Training

Offered by

SafeFoodTraining/Nick Training & Consulting

Department of Health & Agriculture approved

- Certified Food Manager Course & Exam \$160 / 8:29 a.m. to 4:29 p.m.
- Recertification Course \$75/ 8:29 to 12:29
- Online Certified Food Manager Course & Exam \$175
- Online Food Manager Recertification Course \$75

January to April 2010 Course schedule

- Jan 5 – Tuesday – Plymouth, Comfort Inn
- Jan 7 – Thursday - Burnsville, Holiday Inn
- Jan 11 – Monday – Minneapolis Comfort Suites – Downtown
- Jan 13 – Wednesday, Mounds View, Mermaid Event Center
- Jan 18 – Monday -Bloomington, Hilton Garden Inn
- Jan 19 – Tuesday – St. Cloud, Holiday Inn
- Jan 27 – Wednesday – Rochester, Holiday Inn South
- Feb 2 - Tuesday – Woodbury Country Inn
- Feb 3 – Wednesday – North Mankato, Best Western
- Feb 9 - Tuesday, Eagan – Best Western Dakota Ridge Hotel
- Feb 17 - Wednesday – Bloomington, Hilton Garden Inn
- Feb 23 – Tuesday – Elk River Holiday Inn
- Feb 24 – Wednesday St. Paul Downtown –Best Western Kelly Inn
- March 8– Monday – Minneapolis Comfort Suites - Downtown
- March 10 – Wednesday – Plymouth, Comfort Inn
- March 23 – Tuesday – St. Cloud, Holiday Inn
- March 24 – Wednesday - Bloomington, Hilton Garden Inn
- April 6 – Tuesday – Burnsville, Holiday Inn
- April 7 – Wednesday - Mounds View, Mermaid Event Center
- April 14 – Wednesday – St Paul Downtown–Best Western Kelly Inn
- April 19 – Monday -- Bloomington, Hilton Garden Inn
- April 21 – Wednesday - Rochester, Holiday Inn South
- April 26 – Monday – Detroit Lakes, Holiday Inn on the Lake
- April 28 – Wednesday - Plymouth, Comfort Inn

Register online at our web site: www.safefoodtraining.com

Mail in Registration form Mail form with payment to: SafeFoodTraining/NTC, 250 Prairie Center Drive, Suite 219, Eden Prairie, MN 55344. Questions: email Doug@safefoodtraining.com or call Doug Nick at 952-210-0195 Please make copies of form as needed

Course Date & Location _____ Amount enclosed _____

Name _____ Certification/ Renewal _____

Business name _____ Address _____

City _____ State _____ Zip _____ Phone # _____