

# 2015- 2016 Certified Food Manager & Recertification Training

*Sponsored by*

## SafeFoodTraining

Department of Health & Agriculture approved

- Certified Food Manager Course & Exam \$165 8:29 a.m. to 4:29 p.m.
- Recertification Course \$75 8:29 a.m to 12:29 p.m.
- Online Certified Food Manager Course & Exam \$175 Exam at 2:15 p.m.
- Online Food Manager Recertification Course \$75

### November

- 16 – Mon. – Minneapolis Aloft Hotel
- 18 – Wed. – Burnsville, Best Western Premier
- 23– Mon. - Chanhassen, AmericInn
- 24– Tues. – Mounds View, Mermaid Event Center

### December

- 1 – Tues. – Bloomington Holiday Inn Express & Suites
- 3 – Thurs. – Otsego/Elk River Holiday Inn
- 7 – Mon. – Woodbury Country Inn
- 8 –Tues. – Plymouth, Comfort Inn
- 14– Mon. - Minneapolis Aloft Hotel
- 15 – Tues. - Burnsville, Best Western Premier
- 21 – Mon. - Chanhassen, AmericInn
- 22– Tues. – St. Paul, Capital Inn

### January

- 5 –Tues. - Bloomington LaQuinta Inn
- 6 – Wed. – St. Cloud, Holiday Inn
- 12 – Tues. – Woodbury Country Inn
- 13 – Wed.- Plymouth, Comfort Inn
- 14 – Thur. – Burnsville, Best Western Premier
- 20 – Wed. – Minneapolis Aloft Hotel
- 26– Tues. - Chanhassen, AmericInn
- 27– Wed. – Mounds View, Mermaid Event Center

### February

- 2 – Tues. – Bloomington LaQuinta Inn
- 3 – Wed. – Otsego/Elk River Holiday Inn
- 8 – Mon. – Woodbury Country Inn
- 9 –Tues. – Plymouth, Comfort Inn
- 16– Tues. - Minneapolis Aloft Hotel
- 17 – Wed. - Burnsville, Best Western Premier
- 22 – Mon. - Chanhassen, AmericInn
- 24– Wed. – St. Paul, Capital Inn

**Register online at: [www.safefoodtraining.com](http://www.safefoodtraining.com)**

**NEW Mail in Registration address** Mail form & payment to: SafeFoodTraining, 7469 Fernbrook Lane Maple Grove, MN 55311. Questions: email us at [info@safefoodtraining.com](mailto:info@safefoodtraining.com) or call Tim or Doug at 952-210-0195. Please copy form as needed

MPMD Nov 2015

Course Date & Location \_\_\_\_\_ Amount enclosed \_\_\_\_\_

Name \_\_\_\_\_ Certification/ Renewal \_\_\_\_\_

Business name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_