



SAMA's TRAINING & WORKSHOP APPLICATION

Funding Source-Office only: _____

Training Town: Hartford New Haven Fall or Spring F/Y: 2020 English Spanish

Participant's Name: _____ Position: _____
(Within Business)

Home Address: _____

Phone #: _____ Cell #: _____

E-Mail: _____

Business Name: _____

Owner's Name: _____ Position: _____

Business Address: _____

Bus. Phone #: _____ Cell #: _____

E-Mail: _____ Website: _____

I. Type of Trainings

- Public Safety for Business
- Sexual Harassment Training for Business Owners and Employees **(Required by Law)**
- Money Smart for Small Business
- Understanding Your Credit Report
- CT Retirement Security Program
- Banking and Money for Small Business

(know now the ratification of these new changes to your business)

II. Certifications

ServSafe Food Protection Manager Certification (Food Operator)

- Training, Book and Exam Fee: \$200
- Book Only Fee: \$100

Exam Retake Fee: \$100
Method of Payment Money Order **ONLY**
Money Order #: _____

_____ **Initial It is the responsibility of the participant to register four weeks prior to the exam. This will allow the participant ample time to study the book in order to prepare for the exam. Participant must note date for the exam. SAMA is not responsible to make any reminder attempts of date after is has been explained during registration.**

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Signature: _____

Date: _____