

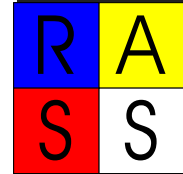


1600 Parkwood Circle  
Suite 400  
Atlanta, Ga. 30339  
Tel: 770.988.9970  
Fax: 678.884.9571

**TRAINING  
PROGRAMS**

# Satisfy Douglas County's Mandatory Alcohol Training Requirements

**RESPONSIBLE ALCOHOL  
SALES AND SERVICE  
WORKSHOPS**



&

## **ALCOHOL COMPLIANCE TRAINING**

### **Reduce YOUR Legal Liability:**

Presented by lawyers and experts in the field, our training programs are designed to address legal issues affecting alcohol retailers and provide the most comprehensive instruction available in an interactive and enjoyable learning environment.

**2010 RASS Workshops for Owners  
DATES & TIMES**

**1:30 pm - 4:30 pm**

- February 8
- March 29
- May 10
- July 12
- September 27
- November 8
- December 13

**Employee Training  
Off - Premise Consumption**

**9:30 am - 1:00 pm**

- February 8
- March 29
- May 10
- July 12
- September 27
- November 8
- December 13

**Employee Training  
On - Premise Consumption**

**9:00 am - 1:00 pm**

- February 8
- March 29
- May 10
- July 12
- September 27
- November 8
- December 13

**PLACE:** Douglas County Courthouse  
Located on Hospital Drive off  
of Fairburn Road.

**RASS for LICENSEES:**

An excellent workshop for Owners, Licensees & Managers to learn about laws specific to you and ways to reduce your liability through policy drafting and unique compliance tools.

**COST: \$100 per person**

**EMPLOYEE TRAINING:**

Learn about alcohol laws, procedures and penalties, as well as how to handle disruptive customers and difficult situations.

**COST: \$75 per person - on-premise  
\$65 per person - off-premise**

**MANAGER TRAINING:**

Managers not actively involved in alcohol sales should attend the RASS workshop; all other Managers should attend the employee training.

**REGISTRATION:**

Fill out registration form on the back of this flyer.

OFFICE USE ONLY:

Check/Money Order # \_\_\_\_\_

Computer Entered: \_\_\_\_\_

## **RASS Workshop & Employee Training Registration Form**

**PLEASE TYPE OR PRINT CLEARLY.**

Preferred Attendance Date: \_\_\_\_\_ (1<sup>st</sup> Choice) \_\_\_\_\_ (2<sup>nd</sup> Choice)

**RASS Workshop Attendees:**  
(\$100 per person)

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_ *Title (Owner, Licensee, Manager)*

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_ *Title (Owner, Licensee, Manager)*

Preferred Attendance Date: \_\_\_\_\_ (1<sup>st</sup> Choice) \_\_\_\_\_ (2<sup>nd</sup> Choice)

**Off-Premise Employee Training:**  
(\$65 per person)

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name*

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name*

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name*

Preferred Attendance Date: \_\_\_\_\_ (1<sup>st</sup> Choice) \_\_\_\_\_ (2<sup>nd</sup> Choice)

**On-Premise Employee Training:**  
(\$75 per person)

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name*

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name*

\_\_\_\_\_  
*First Name* \_\_\_\_\_ *Last Name*

Name of Licensed Premises: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

---

**Mail payment to:**

**Evindi, Inc., ATTN: Kerry Stumpe**

**1600 Parkwood Circle, Suite 400 Atlanta, GA 30339**

**Please make check or money order payable to "Evindi, Inc."**

---

- **Space is limited and registrations will be taken on a first come, first serve basis.**
- **The deadline for registrations is one week prior to the workshop date. NO ON-SITE REGISTRATION will be accepted.**
- **Please arrive on time, latecomers will be turned away to attend a future session.**

Contact: RASS Coordinator: [klstumpe@evindi.com](mailto:klstumpe@evindi.com) (email), 770-988-9970 (phone) or 678-884-9571 (fax)