

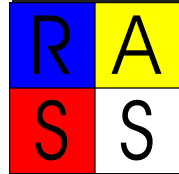


1600 Parkwood Circle
Suite 200
Atlanta, Ga. 30339
Tel: 770.988.9970
Fax: 678.884.9571

**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.

**2008 RASS Workshops for Owners
DATES & TIMES**

1:30 pm - 4:30 pm

- Jan 28
- March 17
- May 12
- June 30
- Aug 18
- Oct 13
- Dec 8

**Employee Training
(Off - Premise consumption
9:30 am - 1:00 pm**

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- March 17
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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: _____ (1st Choice) _____ (2nd 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: _____ (1st Choice) _____ (2nd Choice)

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

First Name _____ *Last Name*

First Name _____ *Last Name*

First Name _____ *Last Name*

Preferred Attendance Date: _____ (1st Choice) _____ (2nd 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 200 Atlanta, GA 30339

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

Please note:

- **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 (email), 770-988-9970 (phone) or 678-884-9571 (fax)