



**A Policy Workshop for
Owners & Licensees
Regarding Responsible
Alcohol-Tobacco
Sales & Service**



****Taught By a Lawyer
With Years of Experience in the Industry****

WHO: Area alcohol **owners** and **licensees** doing business in the State of Georgia (not employee training). **Managers** are also welcome and encouraged to attend.

WHAT: A Workshop **taught by a lawyer** and designed just for you...
~ Recognizing your legal obligations and responsibilities including ways to reduce your risks and liability
~ Drafting or revising your written policy and common pitfalls
~ Staff training tools
~ Ways to monitor your employees and increase compliance

WHEN: **Monday, April 28th 2008**
Registration begins at **8:45 a.m.** Plan to **arrive by 8:45 a.m.** to ensure attendance. Class lasts from 9:00 a.m. until 12:00 noon: The **doors close at 9:00 a.m.** **Latecomers will be turned away to attend a future session.**

WHERE: **Patriot Meeting and Conference Room
1144 Sigman Road
Conyers, GA 30012**

To register complete **EVINDI** registration form (on back). Space is limited and is on a first come, first served basis. **No on-site registration** will be accepted unless pre-approved. Materials, resources and refreshments will be provided.

Note: Attendees who have difficulty understanding English are encouraged to bring an interpreter at no additional charge.

These workshops are a program of the Georgia Underage Drinking Prevention Initiative of The Council on Alcohol and Drugs, made possible by funding from the Georgia Department of Human Resources, Division of Public Health, Office of Prevention Services and Programs in response to the Surgeon General's' Call to Action.

Check/Money Order # _____

Received by: _____

Policy Workshop for Owners & Licensees - Registration FormComplete one registration form for each workshop participant - **please type or print legibly.**

Name of Attendee (as it appears on driver's license): _____

Title: (check all that apply) Owner Licensee Manager

Phone: _____ Fax: _____

Email: _____

Preferred Workshop Date: (1st Choice) _____ (2nd Choice) _____Name of Licensed Premises: _____
(the physical business being licensed)

Address of Licensed Premises: _____

Mail registration form AT LEAST ONE WEEK IN ADVANCE OF CLASS to Evindi, Inc., Attn: Kerry Stumpe, 1600 Parkwood Circle, Suite 200, Atlanta, GA 30339. Contact: mlstumpe@evindi.com (email), 770-988-9970 or (678) 884-9571 (fax). (Registration is normally \$100.00 per person; however, this class is being sponsored by The Council on Alcohol Drugs at no cost to the attendees).