

Alcohol Awareness Training



The Rice County Chemical Health Coalition is proud to partner with South Central College in supporting Alcohol Awareness Training. The Coalition's goal is to reduce youth alcohol, tobacco and other drug use in Rice County. Alcohol Awareness Training is an integral part of that effort.

COURSE OUTLINE:

- Importance of Training
- Penalties for Providing Alcohol to Minors
- Compliance Checks
- Identification Issues
- Tools to Help You

INTENDED AUDIENCE:

Alcohol Vendors and Servers

TIMES:

Sessions begin promptly at the stated time and last for two hours. Late comers and early departers will not receive training certificate.

COST: \$25.00 per Participant

REGISTRATION INFORMATION:

To register, please complete the form below and mail with payment to South Central College, Bookstore, PO Box 1920, North Mankato, MN 56002-1920. Registrations may be faxed to 507/625-4868 using the credit card or employer billing options only. Registration questions, contact Jennifer Swanson at 507/389-7203. Other questions, contact Brian Knutson at 507/332-5874.

This training is done in conjunction with the State Alcohol and Gambling Enforcement Division. Insurance providers accept this course as meeting their expectations of server training to receive an insurance discount; however, license holders should verify with their provider ahead of time.

Training is also available on a contracted basis exclusively for your employees...scheduled at the time and location most convenient to you. For details, contact Brian Knutson at South Central College at 507/332-5874 or Becky Ford at the Rice County Chemical Health Coalition at 507/838-1788.

PLEASE REGISTER ME FOR THE FOLLOWING SESSION:

- FARIBAULT:** February 9 @ 7pm (001171) April 6 @ 3pm (001173)
- NORTHFIELD:** January 7 @ 7pm (001170) March 4 @ 3pm (001172) May 6 @ 7pm (001174)

Name _____ Social Security Number _____ **OR** Birth Date _____

Street Address _____ City/State/Zip _____

Employer _____ Work Phone _____

Home Phone _____ Email Address _____

METHOD OF PAYMENT:

- Check Enclosed Made Payable to South Central College
- Bill My Employer ♦ Purchase Order Number _____ Billing Address _____
- Credit Card VISA MasterCard Discover Expiration Date _____
- Card Number _____ Signature _____