



HOSPITALITY ALCOHOL MANAGEMENT SEMINAR REGISTRATION FORM

A registration form must be submitted for each trainee

Last Name _____ First Name _____ Middle Initial _____

Employer _____ Job Title _____

Business Address _____ Your Manager's Name _____

City _____ State _____ Zip Code _____ Business phone _____

How many years have you been at your present place of employment? _____

How many years have you been employed in the hospitality industry? _____

Have you had any formal training in responsible beverage service or mixology? Yes No

**Please return your \$75.00 payment with your completed registration form.
Please mark your choice for training date and send back by the 1st of the month.**

Class Time - 1pm - 5pm

Location: 575 S 10th Street
Lincoln Police Department

- November 10, 2016
- December 8, 2016

Send payment and form to:

Responsible Hospitality Council

c/o City Council

555 S. 10th Street

Lincoln, NE 68508

If you have questions, call 402.441.7239