



HACCP Training Workshop

March 15 - 17, 2010

Kansas City, MO



Course Description:

This is an extensive International HACCP Alliance Certified Training Program that will provide individuals with all of the tools needed to develop and maintain their own HACCP program and have a full understanding of HACCP. We strongly recommend a HACCP program as a means to manage food safety through the analysis and control of biological, chemical, and physical hazards. The path to a successful HACCP program begins with management commitment, resource allocation, dedication of effort and comprehensive training.

Who Should Attend:

Designed for Production Personnel, QA Personnel, Managers and HACCP Team members.

Course Outline:

- Food Microbiology
- GMPs
- Food Allergens
- Traceability and Recall
- HACCP Basics
- Product Descriptions
- Flow Diagrams
- Hazards / Hazard Analysis
- CCPs
- Critical Limits
- Corrective Actions
- Records

Program Schedule:

The class will start promptly at 8:00 a.m. on Monday, March 15, 2010, and will be concluded by 11:00 a.m. on Wednesday, March 17, 2010.

Course Location & Accommodations:

We have reserved a block of rooms at the Hilton President Hotel until **February 12, 2010**. Room reservations should be made directly with the hotel. Please advise the hotel that you will be attending the **Randolph Associates, Inc. course** to receive the special discount room rate.

Hilton President Kansas City

1329 Baltimore

Kansas City, MO 64105

Reservations: 800-445-8667

or ((816) 221-9490

www.presidentkansascity.hilton.com

Rate: \$139.00 single/double

REGISTRATION FORM
 (ADVANCED REGISTRATION REQUIRED)
HACCP Training Workshop
March 15 - 17, 2010

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ CONTACT EMAIL: _____

Participants:

First Name	Last Name	E-mail Address

Registration:

	Fee	No.	Total
COURSE Registration:	\$595	X _____	= _____

Total Registration Fees: _____

Payment Information:

Make checks payable in US funds to Randolph Associates, Inc.

Payment Enclosed Bill my company (PO#: _____)

Credit Card

Please charge my: Mastercard Visa Am-Ex Discover

 Exp: /

Security (CID) Code*:

Signature of Cardholder*: _____ Name (Print): _____

Billing Address of Cardholder: _____

**Required to protect against fraud.*

RETURN TO: Randolph Associates, Inc.
Attn: HACCP Workshop Registration
 3820 3rd Avenue South, Suite 100
 Birmingham, AL 35222

Ph: (205) 595-6455
 Fax: (888) 874-0587
 E-mail: kristy.clark@raiconsult.com

Cancellation Policy:

A full refund will be made if cancellations are received five (5) days prior to the start of the seminar. Attendees canceling later than five (5) days prior to the start of the seminar will be subject to a \$100 service fee. Substitutions will be permitted at any time.