



The National Association of Concessionaires (NAC) will augment its educational platform for 2014 by adding two Food Safety classes. These sessions are in conjunction with NRFSP and all candidates that pass the test are certified in all 50 states.

The classes will take place in conjunction with Regional Seminars with the first being held in suburban Chicago on Friday, March 14 at the Odeum in Villa Park, Illinois and another on Monday, September 15 in Orlando, Florida. The site of that class will be announced at a later date.

NAC Director of Education Larry Etter will conduct the full-day class which will start at 9:00 AM and conclude by 3:30 PM. The day will be comprised of 4 ½ hours of classroom instruction followed by a test.

The cost of the NAC Food Safety Class is \$139 per person from a member company and \$165 per person from a non-member company.

About the Instructor:

Larry Etter, CCM, has over three decades of professional experience in the food and beverage industry, from positions with major hotel companies, foodservice contractors, and currently Senior Vice President of Theatre Services with Malco Theatres. He also serves as Director of Education for NAC.

Use the attached Registration Application or visit www.naonline.org.



180 N. Michigan Avenue, Suite 2215
Chicago, IL 60601
ph: (312) 236-3858 fx: (312) 236-7809
email: info@NAOnline.org

Join NAC social media groups on





Food Safety Class– Registration Form

Registration Fees: _____ # of NAC members at \$139 each _____ # of Nonmembers at \$165 each

Choose Location:

_____ March 14, Villa Park, Illinois

_____ September 15, Orlando, Florida

(Specific location and directions will be sent with registration confirmation. One form per location for up to four registrants, with same mailing address, use a different form for separate addresses)

Registrant 1:

Name _____ Title _____ Email _____

Registrant 2:

Name _____ Title _____ Email _____

Registrant 3:

Name _____ Title _____ Email _____

Registrant 4:

Name _____ Title _____ Email _____

Mailing Address:

Company _____

Address _____

City _____ State _____ Zip _____

Mail/Fax this entire form and check payable to: (Payable in U.S. Funds)

National Association of Concessionaires, 180 N, Michigan Ave., Suite 2215, Chicago, IL 60601

Or Charge to: _____ Visa _____ MasterCard _____ American Express

Total Amount to be charged: _____

Account No: _____

Expiration Date: _____ Verification Code: _____

Cardholder Name: _____ Signature: _____

Billing Address: _____