



PRESENTS:

HTST Training Seminar



**October 13 – 15, 2008
Murfreesboro, TN**

COURSE DESCRIPTION: This is an extensive HTST training program that has been very successful in educating HTST operators on the regulatory requirements and dynamics of these critical systems. This course has also been presented to supervisors, managers, and Quality Assurance personnel to increase their understanding of one of the most regulated systems in the food industry. The course goal is for participants to understand the public health significance for each of the major components in an HTST system. In addition, they learn to determine if the HTST is operating properly, safely, and in regulatory compliance using our "HTST Inspection Checklist." This course employs significant hands-on training and demonstrations.

WHO SHOULD ATTEND:

Designed for Production Managers, Supervisors, Foremen, and HTST Operators.

COURSE OUTLINE

- Theory of Pasteurization
- Basic Microbiology of Pasteurization
- Major Components of the HTST System including Homogenization
- Homogenization Theory
- HTST System Controllers
- Magnetic Flow Meter Based Timing System For HTST Pasteurization
- Chart Requirements / HACCP

PROGRAM SCHEDULE:

The class will start promptly at 8:30 a.m. on Monday, and will be concluded by 3:00 p.m. on Wednesday.

HOTEL INFORMATION:

The hotel will hold a block of rooms until, Oct. 1, 2008. Room reservations should be made directly with the hotel. Please advise the hotel that you will be attending the **Randolph Associates, Inc. workshop** to receive the special discount room rate. *In-Plant demonstrations will be conducted and transportation to these facilities will be provided.*

Hampton Inn
325 N. Thompson Lane
Murfreesboro, TN 37129
615-890-2424
Fax: 615-890-2404
Rate: \$109.00 Single/Double

REGISTRATION FORM

(ADVANCED REGISTRATION REQUIRED)

HTST Workshop

October 13 - 15, 2008

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

Participants:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Registration:

	Fee	No.	Total
WORKSHOP Registration (first attendee):	\$850	X 1	= \$850
(additional attendees):	\$750	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: 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.