



SERVICE PERFORMANCE IMPROVEMENT SEMINAR

WHO SHOULD ATTEND

Service Department Supervisors

DURATION

One Day – 9:30 a.m. to 3:30 p.m.

DATE

◆ **Wednesday, March 17, 2010**

INVESTMENT PER PERSON

\$165 (*Member*) – **\$215** (*Associate Member*) – **\$265** (*Non-Member*) includes:

- ◆ Continental Breakfast
- ◆ Hot and Cold Beverages
- ◆ Lunch
- ◆ Participant Materials
- ◆ Job Aids
- ◆ Professional Facilitation

COURSE DESCRIPTION

Service Managers, both new and experienced, should take advantage of this course. All aspects of the selling process are taught. We emphasize where the opportunities for increased profitability exist while maintaining a high level of customer satisfaction. This understanding will provide assistance as you analyze your Service Department metrics and fully understand available opportunities for increased profitability.

TOPICS COVERED INCLUDE

- ◆ Service Advisor 8-Step Road to the Sale.
- ◆ Increase Profitability through Customer Service.
- ◆ Telephone Skills for Increased Appointment Setting.
- ◆ Inspect What You Expect: How to Coach and Counsel.
- ◆ Why Multi-Point Inspection Process Builds Profitability.

NJ CAR ACADEMY SERVICE PERFORMANCE IMPROVEMENT TRAINING SEMINAR

DATE: **MARCH 17, 2010 – WEDNESDAY**

LOCATION: **NJ CAR HEADQUARTERS**
856 River Road
Trenton, NJ 08628

TIME: **SEMINAR BEGINS AT 9:30 A.M. AND ENDS AT 3:30 P.M.**
Seminar includes a Continental breakfast, lunch and refreshments.

COST: **\$165 (MEMBERS) \$215 (ASSOCIATE MEMBERS) \$265 (NON-MEMBERS)**
Includes all required course materials

DIRECTIONS WILL BE FAXED UPON RECEIPT OF REGISTRATION AND PAYMENT

CANCELLATIONS MUST BE RECEIVED FIVE (5) DAYS PRIOR TO THE SEMINAR TO RECEIVE A REFUND.

Dealership Name: _____

Attendee Name: _____ Title: _____

E-Mail: _____

Attendee Name: _____ Title: _____

E-Mail: _____

Attendee Name: _____ Title: _____

E-Mail: _____

(Attach a Separate List of Attendees with Titles for Additional Multiple Attendees.)

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____ E-Mail: _____

PAYMENT INFORMATION

Payment enclosed in the amount of \$ _____ (Payable to "NJ CAR")

Charge to the following **Credit Card:** CORPORATE PERSONAL

AMEX VISA MASTERCARD DISCOVER

Credit Card No.: _____ Exp. Date (Month/Year): ____/____

Cardholder Name: _____

Credit Card Billing Address: **SAME** as Corporate Address

I am an authorized user of the above-mentioned credit card and NJ CAR is authorized to charge this card the total amount due.

Cardholder Signature: _____

FORWARD COMPLETED REGISTRATION TO:

NJ CAR, ATTN: CHRISTINE PHILLIPS
856 RIVER ROAD, TRENTON, NJ 08628 PHONE: 609.883.5056, EXT. 310 FAX: 609.883.1093
E-MAIL: [CPHILLIPS@NJCAR.ORG](mailto:CPhillips@NJCAR.org)