



**ATTN: Service Managers & Service Advisors**  
**“After the Sale: A Service Workshop”**



**Zoom Webinar**

**October 21**

8:00 a.m. – 1:30 p.m.

\*Zoom links will be sent out week of\*

**Presenters**

**Paul Dosecu, Trainer at American Financial & Automotive Services, Inc.,** an NHADA Diamond Partner.

**Mary Kimmel, Senior Account Manager at KGA** will also provide a segment on handling stress on the front-line.

**Overview**

By creating an interactive environment, course participants will journey from discovering what the modern client expects from an after-sales experience to exceeding those expectations using a unified 5-step process.

- **Current Client Expectations**
  - o What do our clients expect?
  - o Purchasing influences
- **Elements of Excellence**
  - o Integrity – Acting in the best interest of the client
  - o Service – Tending to the client’s needs according to company values, morals, and culture
  - o Development – A personal and collective commitment to advancement, growth, or improvement
  - o Professionalism – Look, act, sound professional in circumstances, relations, and interactions
- **5-steps of a World-Class Service Experience**
  - o Discovery
  - o Consultation
  - o Value experience
  - o Delivery experience
  - o Follow-up
- **How to Handle Stress on the Job and De-Stress Before Heading Home (Mary Kimmel, KGA)**

**Who should attend?**

Service Managers and Service Advisors/Writers

**To register: use registration form, register online at [www.nhada.com](http://www.nhada.com), or contact Kaleena Guzman at [Kguzman@nhada.com](mailto:Kguzman@nhada.com) or 800-852-3372.**



# New Hampshire Automotive Education Foundation

## Registration Form

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Company _____	Fee
Registrant 1 _____ Email _____	\$225
Registrant 2 _____ Email _____	\$225
Registrant 3 _____ Email _____	\$225
Registrant 4 _____ Email _____	\$225
	Total \$ _____

Payment by check (payable to NHAEF)

Please send invoice

Payment by credit card

Check one:  VISA       MasterCard      CVV \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*Please return form to: NHAEF, 507 South Street, Bow, NH 03304 or fax to 603-225-4895.  
If you have any questions, contact Kaleena Guzman at kguzman@nhada.com or 800-852-3372.*