



Panhellenic Council
University of California, Berkeley
102 Sproul Hall MC 2430
Berkeley, CA 94720

Chapter Alcohol Education Completion Form

To be Completed by Chapter Officer

Chapter Name:

Address:

Your Name:

Your Position:

Phone:

Email:

To be Completed by Presenter

Presenter Name:

Title or Position:

Number of Members in Attendance:

Qualification of Presenter (i.e. BPD, UCPD, BFD, PartySafe@Cal, etc.):

Topics Covered :

*In accordance with All Greek Social Code Section VI. Education. This presentation must be completed EVERY Fall and Spring Semester.

I certify that the information above is correct and that the presenter provided a presentation, at least 45 minutes in length, to the above listed chapter. The above-mentioned number of chapter members and associates were in attendance for the entire length of the presentation.

Chapter Officer

Presenter

Signature _____

Date _____

Signature _____

Date _____

Name _____

Name _____

Please drop this form off in the PHC Risk Management Box in 102 Sproul Hall. Get it time stamped by the front desk.