



**Interfraternity 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

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 _____

Drop this form off in the IFC Risk Management Box in 102 Sproul Hall. Get it date stamped by the front desk.

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