



Techniques for Effective Alcohol Management

Session Roster

Venue Name and Address _____

Other facilities where employees may work _____

Trainer Name _____ Trainer Number _____

Trainer Name _____ Trainer Number _____

Level 1 / 2 Date of Session _____ Starting Time _____ AM / PM Ending Time _____ AM / PM

Participant Signatures.

This is a legal document which must be signed by all participants

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Please complete, make a copy for your records, and send with exam forms to:
TEAM Coalition, 1800 Diagonal Road, Suite 600, Alexandria, VA 22314



Techniques for Effective Alcohol Management

Session Roster

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