

Pre-Registration Information – Alcohol Training Awareness Program

The following information must be filled out (please print legibly) and

- 1) Faxed to (518) 452-1955
- 2) Mailed to 6 Walker Way, Albany, NY 12205-4946

To be completed by trainee:				DATE of TRAINING _____			
Clerk Name:							
Clerk Signature:					Phone #: ()		
Clerk Address: Street/PO Box			City		State	Zip Code	
Clerk e-mail address:							
Business Name:					Phone #: ()		
Business Address:			City		State	Zip	

Please send with completed answer sheet for post-test. If mailing, mail your payment (or proof of payment through PayPal) in the same envelope. If faxing, please mail payment (or provide proof of payment through PayPal). No certificates will be provided prior to payment.