

PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM
STANDARDIZED UNDERAGE DRINKING CURRICULUM

1. Your County _____

2. Participant _____

3. Business _____

4. Address _____

5. Telephone (_____) _____ Email _____

6. Workshop Date _____

(The workshop will run from 9:00 a.m until approximately 4:00 p.m.)

TO PARTICIPATE IN THIS WORKSHOP, THIS COMPLETED/SIGNED FORM ALONG WITH THE \$25 REGISTRATION FEE MUST BE MAILED TO OUR OFFICE AT LEAST 10 WORKING DAYS PRIOR TO THE TRAINING DATE!

7. The participant is currently a :

CRN Evaluator (most recent re/certification date) _____

DUI Instructor (most recent re/certification date) _____

Underage Drinking DUI Instructor (please list program taught):

8. Please enclose a copy of the class outline currently being used in the Underage Drinking/AHSS Class.

DUI Coordinator's Signature _____

(If DUI Coordinator is the participant, the signature of his/her immediate supervisor is required)

MAIL FORM TO: PA DUI ASSOCIATION, 2413 N. FRONT STREET, HARRISBURG, PA 17110
QUESTIONS CALL: 717.238.4354