**RISK MANAGEMENT EDUCATION PROGRAM FORM**

**Organization Name:**  **Year:\_\_\_\_\_\_\_\_**\_\_\_\_\_\_

***Education Program Information:***

Date of Program: Name of Program: \_\_\_\_\_\_\_

Presenter: Location:

***Chapter President’s Signature*:** \_***Date***:\_\_\_\_\_\_\_

***Chapter Advisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_***

***Fraternity and Sorority Advisor’s* *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date*:\_\_\_\_\_\_\_\_**

**Risk Management Education Form must be submitted within two business days upon completion of the educational workshop/seminar. This form is due to the Student Activities Center Office by September 30th at 5pm.**

**This form must also contain a copy of the educational information shared as well as an attendance sheet.**

**Until this form is submitted no social events will be approved by the Student Activities Center.**

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| **First Name** | **Last Name** | **Lobo ID #** | **Signature** |
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