

## 2011-12 NIAAA State Leadership Directory Information

State: Alaska

Name of State AD Association: Alaska Interscholastic Athletic Administrators Association Acronym: AIAAA

Approximate number of state athletic administrator association members:

Annual member dues for state athletic administrator association: \$

Date(s) of your 2009-10 state conference:

City of 2009-10 state conference (also list hotel if known):

Average state conference attendance: AD's: Spouse/Guests: Exhibitors:

Exhibitor fee for your state conference: \$

Number of issues of newsletter published per year:

Web site address of state athletic administrators association: www.

Length of term for state president:

Implemented dual membership for state (Choose one response): Yes No Plan To

### **Executive Director of Athletic Administrators Association:**

Name:

Office Phone:

Office Fax number:

E-mail Address:

School (if applicable):

Street Address:

City, State, Code:

### **President:**

Name:

Office Phone:

Office Fax Number:

E-mail Address:

School:

Street Address:

City, State, Code:

### **NIAAA Liaison:**

Name: Isaiah Vreeman

Office Phone: 907-563-3723

Office Fax Number: 907-563-3739

E-mail address: isaiah@asaa.org

School: Alaska State Activities Association

Street Address: 4048 Laurel St. #203

City, State, Code: Anchorage, AK 99508

### **NIAAA Leadership Training Coordinator #1:**

Name:

Office Phone:

Office Fax Number:

E-mail Address:

School:

Street Address:

City, State, Code:

### **NIAAA Leadership Training Coordinator #2:**

Name:

Office Phone:

Office Fax Number:

E-mail Address:

School:

Street Address:

City, State, Code:

**NIAAA Certification Coordinator:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code

**President-Elect (if known):**

Name:  
Year taking office:  
Office Phone:  
Office Fax Number:  
E-mail address:  
School:  
Street Address:  
City, State, Code:

**Treasurer:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**Awards Chairperson:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**Membership Chairperson:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**Newsletter Editor**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**State Conference Coordinator:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**Exhibits Chairperson:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**NIAAA Emergency Network Contact #1:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**NIAAA Emergency Network Contact #2:**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code:

**NIAAA Coaching Education Contact**

Name:  
Office Phone:  
Office Fax Number:  
E-mail Address:  
School:  
Street Address:  
City, State, Code: