

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: Mark Ator
Year taking office:
Office Phone: 406-748-4699 Ext. 4131
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School: Colstrip High School
Street Address:
City, State, Code:

Treasurer:

Name: Mike Sauvageau
Office Phone: 406-285-3224
Office Fax Number:
E-mail Address:
School: Three Forks High 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:
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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:
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NIAAA Emergency Network Contact #1:

Name:
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E-mail Address:
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City, State, Code:

NIAAA Emergency Network Contact #2:

Name:
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