



SCHEDULED SESSION REPORTING FORM

*This completed form, typed or neatly printed, **MUST** be on file and in the possession of the State Liquor Authority **not less than FOURTEEN DAYS** before the date of the Scheduled Session. Certificates of Completion **WILL NOT BE HONORED** unless advanced notice of the Session has been given to the Authority. Completed forms can either be submitted via email to atap@sla.ny.gov or mailed to*

*NEW YORK STATE LIQUOR AUTHORITY
The Office of the Secretary to the Authority
80 South Swan Street, Suite 900
Albany, NY 12210*

Session Information

Name of School: _____

ATAP Certificate of Approval No. _____

Street address and room where the Session will be given: _____

City, Town, or Village/ State / Zip: _____

County of Session Location: _____

Date of the Session / Day of Week: Date _____ Day _____

Time the Session will Start and End: Start Time _____ End Time _____

Name of the Instructor who will give the Session _____

Instructor's Business Address (Street Address and Room Number) if different from the School's: _____

City, Town, or Village/ State / Zip: _____

Instructor's Business Telephone Number (if different from the School's): _____

Name of the School Official sending this form _____ Title of the School Official sending this form _____

Signature of the School Official Sending this form _____