

CHOICES

NCAA Alcohol Education Program

Reader Reply Form

Name _____

Title _____

Institution/organization _____

Credentials to serve as a reviewer: _____

Fed Ex/ Shipping Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____ E-mail _____

Please check:

_____ Yes, I am interested in serving as a reader for the 2008 proposals

* You will receive the proposals by March 1, 2008

* You must return evaluations by April 1, 2008

PLEASE FAX OR MAIL THIS REPLY NO LATER THAN FEBRUARY 15 TO:

**Mary Wilfert
Associate Director, Education Services
NCAA
P.O. Box 6222
Indianapolis, IN 46206-6222
PHONE: 317-917-6319
FAX: 317-917-6363**