REGISTRATION FORM

National Network for Safe and Drug-Free Schools and Communities
National Biannual Meeting
February 12 and 13, 2006

Renaissance Washington D.C. Hotel
999 Ninth Street NW
Washington, DC  20001
Phone:  202-898-9000
Fax:  202-289-0947

Registration Fee:  $125.00 per person

Please complete all information below:

Name:  _________________________________________________________________________________

Job Title:  _______________________________________________________________________________

Organization:  ____________________________________________________________________________

Address:  ________________________________________________________________________________

________________________________________________________________________________

Telephone:  ______________________________  Fax:  __________________________________________

Email address:  ___________________________________________________________________________

Please indicate your anticipated attendance at the following events:

Sunday Morning - New Coordinator Training ________
Sunday Morning – National Network Partner’s Meeting________
Sunday Afternoon – National Network Business Meeting ________
Monday Luncheon _________
Monday Regular NN Meeting _________

Make checks and purchase orders payable to the National Network for Safe and Drug Free Schools and Communities or NNSDFSC and return this form by mail, fax, or email to:

Mr. Lawrence Piper, Treasurer NNSDFSC
Dept. of Human Services
Office of Mental Health and Addiction Services
500 Summer St. NE, E86
Salem, OR  97310
Phone:  503-945-6968
Fax:  503-378-8467

Date:  _______________

Registration fee enclosed.  Check # ________  Amount:  ________

Purchase Order is attached.  P.O. # _________  Fed ID # 86-1120204
For more information contact Lawrence Piper at 503-945-6968 or email at Lawrence_W__Piper@class.OregonVOS.net.