REGISTRATION FORM

National Network for Safe and Drug-Free Schools and Communities
National Biannual Meeting
January 9-10, 2005

Marriott at Metro Center Hotel
775 12th Street NE
Washington, DC 20005
Phone: 202-737-2200
Fax: 202-824-8880

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 - Network Business Meeting ________
Sunday or Monday Luncheon________ (date not yet confirmed)
Monday Business 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.