REGISTRATION FORM

National Network for Safe and Drug-Free Schools and Communities
National Biannual Meeting
June 13-15, 2004

Radisson Barceló Hotel
2121 P Street NW
Washington DC 20037
Phone: 202-293-3100
Fax: 202-331-9719

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 Afternoon - Network Business Meeting ________
Monday Luncheon________ (not yet confirmed)

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
Office of Mental Health and Addiction Services
500 Summer St. NE, E86
Salem, OR 97310
Lawrence.piper@state.or.us
Phone: 503-945-6968
Fax: 503-378-8467

Date: __________________

Registration fee enclosed. Check # ________ Amount: ________

Purchase Order is attached. P.O. # _________ Fed ID #860698391
For more information contact Lawrence Piper at Lawrence.Piper@state.or.us (please don’t phone—Lawrence will be out of town the week prior to the NN meeting and unable to accesses phone messages.)