

REGISTRATION FORM

**National Network for Safe and Drug-Free Schools and Communities
National Biannual Meeting
January 18-22, 2003**

**Westin Grand Hotel, Washington, D.C.
2350 M Street N.W. 20037
1-800-WESTIN1 OR 202-429-0100**

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:

Saturday Committee Meetings _____

Sunday Discussion of NCLB Statutes and Guidance _____

Monday Luncheon _____

Tuesday Luncheon _____

Wednesday Legislative Visits _____

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:

Ms. Penny Deavers, Treasurer NNSDFSC
802 7th Street South
Clanton, Alabama 35045
Phone: 205-755-1210
Fax: 205-755-5183
Email: pennynd@msn.com

Date: _____

Registration fee enclosed. Check # _____ Amount: _____

Purchase Order is attached. P.O. # _____ Fed ID #860698391

For more information contact Penny Deavers at 205-755-1210