

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.**