

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.**