

REGISTRATION FORM

**National Network for Safe and Drug-Free Schools and Communities
National Biannual Meeting
June 21-25, 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 Network Business Meeting _____

Monday Luncheon _____ (Should there be one—not yet determined)

Tuesday Luncheon _____ (Should there be one—not yet determined)

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:

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
Email: lawrence.piper@state.or.us

Date: _____

Registration fee enclosed. Check # _____ Amount: _____

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

For more information contact Lawrence Piper at 503-945-6968