

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 access phone messages.)