

REGISTRATION FORM

**National Network for Safe and Drug-Free Schools and Communities
National Biannual Meeting
June 29 and 30, 2006**

**Grand Hyatt Washington
1000 H Street, NW
Washington, DC 20001
202-582-1234**

Registration Fee: \$125.00 per person

Please complete all information below:

Name: _____

Job Title: _____

Organization: _____

Address: _____ State _____ Zip _____

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:

Cynthia Timmons
NNSDFSC Treasurer
Children of Promise - Mentors of Hope
555 Constitution, Suite 215
Norman, OK 73072
Fax: (405) 325-5495

Date: _____

Registration fee enclosed Check # _____ Amount: \$ _____

Purchase Order is attached P.O. # _____ Fed ID # 86-1120204

For registration or payment questions contact Cynthia Timmons – Office-(405) 325-5454 or (405) 740-0671 – Email: ctimmons@ou.edu