REGISTRATION FORM

VIRGINIA SAFE AND DRUG-FREE SCHOOLS PROGRAM
TECHNICAL ASSISTANCE WORKSHOP FOR COORDINATORS
TUESDAY, APRIL 24, 2007

SHERATON PARK SOUTH HOTEL
9901 MIDLOTHIAN TURNPIKE
RICHMOND, VIRGINIA 23235
PHONE: (804) 521-2208

NAME: _____

SCHOOL DIVISION: _____

ADDRESS: _____

_____

_____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

Please select one of the following:

_____ I will be able to attend the workshop.

_____ I will **NOT** be able to attend the workshop.

Please return the completed registration form by **Monday, April 16, 2007** to:

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Administrative and Office Specialist III
Virginia Department of Education
Office of Student Services
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