

**Medicaid and Schools Training, April 4, 2003**

**Registration due March 21, 2003**

**School Division** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_

**Name of Participants:**

<b>Name</b>	<b>Position</b>	<b>E-Mail Address</b>

**Special accommodations needed:** \_\_\_\_\_

**Each School Division Contact person will receive an e-mail confirmation.**

**Each school division will be responsible for their own travel and hotel accommodations. Site of training and directions will be forthcoming by e-mail.**

**Complete and return to:**

**Mary Katharine Easter  
Office of Student Services  
Virginia Department of Education  
P. O. Box 2120  
Richmond, VA 23218-2120  
[measter@mail.vak12ed.edu](mailto:measter@mail.vak12ed.edu)**

**OR FAX: (804)-371-8796**