

Please complete this registration form and return to:

LaTamara Hudson
Office of Student Services
Virginia Department of Education
P. O. Box 2120
Richmond, VA 23218-2120

Phone: (804) 786-5703
Fax (804) 371-8796

RETURN BY September 14, 2007

School Division _____

Contact Name _____ **E-mail address** _____

Address _____ **Phone ()** _____

Name of Participants:

Name	Position	E-Mail Address	Attending October 2	Attending October 3

Special accommodations needed: _____

Each school division contact person will receive an e-mail confirmation. Each school division will be responsible for travel and hotel accommodations.

Breakfast and lunch will be provided for this meeting.