

**Videoconference Remote (Receiving) Site
Response Form**

My school will receive " Videoconference for High School Counselors " on
November 5, 1998, 1:00 – 3:00 p.m. (EST)

School: _____

Location (Building Name): _____

Street Address: _____

If your school or organization can host other high school counselors at your
receiving site, please include the number of guests you can accommodate.

Number of Guests: _____

Site Coordinator or Contact Person at Your School:

(Note: This person will receive a site coordinator's package.)

Name: _____

School: _____

Mailing Address: _____

UPS Address (no P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX #: _____

**Please complete this form and FAX it to
WALCOFF Associates
Attention: Dan Conway
(703) 934-9870**