

REGISTRATION FORM

I want to register for the following training:

June 28 RFMS Training _____

OR

June 29 RFMS Training _____

June 30 Reauthorization Training _____

(Note that June 28 and June 29 are the same training – you only need to register for one day.)

Your Name _____

Telephone # _____

FAX Number _____

Your School's Name _____

Address _____

City _____ State _____ Zip _____

Please complete and fax this form to

(202) 401-3428

**You will receive a FAX confirmation.
We will contact you only if space is unavailable.**

