



United States Department of Education
Office of Vocational and Adult Education

Division of Adult Education and Literacy

New State Directors' Management Workshop
September 23-25, 2008

Four Points Sheraton
1201 K Street N.W.
Washington, DC 20005

REGISTRATION FORM
(Please complete all required information.)

(Dr./Mr./Mrs./Ms.) First and Last Name

Organization/Affiliation

Address

City

State

Zip

Phone

Fax

Primary Email

Would you like to receive a certificate of completion for this event? Yes No

Do you have a disability that requires special consideration? Yes No

If yes, please explain: _____

By supplying this information, OVAE will make every effort to ensure the availability and accessibility of all related products and services.

Do you have any meal specifications? Vegetarian Vegan Kosher Gluten-free Other: _____

Emergency Contact Name and Phone: _____

FAX COMPLETED FORM TO (800) 783-2998
ATTENTION: 2008 NEW STATE DIRECTORS' MANAGEMENT WORKSHOP
YOU WILL RECEIVE A CONFIRMATION EMAIL FOR YOUR REGISTRATION.