

Registration Form
Florida Statewide Drug Control Summit 2000

Friday, February 11, 2000
8:00 a.m. - 3:30 p.m.

Room 412, Knott Building Meeting Room
Tallahassee, Florida



Please complete the information below and return along with the \$50 registration fee payable to the “Senate Miscellaneous Fund” in the self-addressed envelope provided to be received by no later than Wednesday, January 26, 2000.

PLEASE PRINT CLEARLY OR TYPE

Name: _____

Title: _____

Agency: _____

Street Address: _____

City/State/Zip _____

Phone # (must have): _____ (____) _____

Fax #: _____

E-Mail Address: _____

Name for Name Badge: _____

Please designate your first and second choice for which workgroup you would like to participate in:

Drug Abuse Treatment _____

Drug Enforcement _____

Community Drug Abuse Prevention _____

School Drug Abuse Prevention _____

Please check box if you require a vegetarian lunch

Do you plan on attending the reception hosted by the Governor & Mrs. Bush the evening of 2/10/00?

Any Special Accommodations needed? _____

For additional information, contact the Senate Criminal Justice Committee, c/o The Florida Senate, 404 South Monroe Street, Tallahassee, FL 32399-1100, (850) 487-5192 or SunCom 277-5192, E-Mail [drug.summit@leg.state.fl.us], Visit our Website at [www.leg.state.fl.us/drugsummit]
