

REGISTRATION FORM

NATIONAL AFRICAN AMERICAN DRUG POLICY COALITION, INC.

2013 Spring Workshops and Summit Conference

BLACKBURN CENTER - HOWARD UNIVERSITY

April 17-20, 2013

NAME: _____

ADDRESS: _____

TELEPHONE NO(S). _____

E-MAIL(S): _____

PROFESSION: _____ **SPECIALTY:** _____

REGISTRATION: EARLY REGISTRATION – CHECK: _____ **MONEY ORDER** _____

REGULAR REGISTRATION –CHECK: _____ **MONEY ORDER** _____.

REGULAR REGISTRATION APRIL 4, 2013 AND THEREAFTER - \$295.00

EARLY REGISTRATION ON OR BEFORE APRIL 3, 2013 - \$245.00

REGISTRATION FOR INDIVIDUAL DUES PAID MEMBERS AND PERSONS PAYING ANNUAL DUES

WITH THE REGISTRATION FOR THE CONFERENCE - \$195.00

MAILED TO: MS. ROSALEE MORRIS, ADMINISTRATIVE ASSISTANT
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HOLY CROSS HALL – ROOM 400
2900 VAN NESS STREET, N.W.
WASHINGTON, D.C. 20008

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Or Mercedes Hawkins at hawkinsm33@aol.com