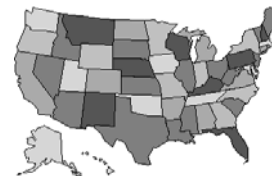




National Association of State Foster Care Managers



NATIONAL ASSOCIATION OF STATE FOSTER CARE MANAGERS ANNUAL MEETING
OCTOBER 22-23, 2008
HOLIDAY INN WASHINGTON CAPITOL
WASHINGTON, DC

. . . Networking . . . Educating . . . Improving . . .

REGISTRATION FORM

PLEASE REMIT COMPLETED FORM AND PAYMENT BY SEPTEMBER 15TH

Please write your address info as you would like it to appear on future mailings from the NRCFCPPP and print legibly or type.

- Yes, I *can* attend the NASFCM meeting. I can *not* attend, but keep me on the mailing list.

Name _____
Job Title _____
Organization _____
Mailing Address _____

City, State, Zip _____
Phone/Fax _____
E-mail _____
Web Site _____

Registration Fees

- \$225 for Wednesday and Thursday per day for _____ [day(s)]

Make checks payable to RF-CUNY ♦ Tax ID# 13-1988190

- Purchase Order Enclosed/Attached Will Bring Check to Meeting
 Please Invoice Me Check Enclosed/Attached

Dietary Restrictions (*please elaborate*) / Other Notes

Remit completed form and payment to Stephanie Boyd Serafin by September 15
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