

ORR NATIONAL CONSULTATION MEETING

May 28-29, 2008

Hyatt Regency Crystal City, Arlington, VA

REGISTRATION FORM

Registration Forms may be faxed to (301) 474-5261, or sent via
e-mail to orr@blseamon.com

If sent via e-mail, please refer to "ORR Consultation" in the subject line.

CONTACT INFORMATION

PREFIX: _____ NAME: _____

DEGREES: _____

TITLE: _____

ORGANIZATION/AFFILIATION: _____

PARTICIPANT CATEGORY:

Please check one:

Trafficking Program

National Voluntary Agency

State-Administered/Wilson-Fish Program

UAC Program

Refugee Healthy Marriage

Federal Partners and Guests

URM Program

Local Voluntary/Agencies & Mutual Assistance Associations

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ EMAIL: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

ACCOMMODATIONS

Please complete the accommodations information below.

Date of arrival: _____ Date of Departure: _____ Total nights: _____

Room Type (please check all that apply):

Number of guests in room: _____

Single Double Smoking Non-Smoking Handicap Accessible

Credit Card Holder Name: _____ Credit Card#: _____

Credit Card: Visa Master Card AMEX Other: _____ Expiration Date: _____

Card Holder's Signature: _____

SPECIAL NEEDS

Food Allergies/Dietary Restrictions _____



Please list any other special needs _____