Attachment A,

Superintendent’s Memo No. 142-18

June 1, 2018

## Please complete the Medicaid and Schools registration form and return to:

Attn: Fiscal Services

Virginia Department of Education

P. O. Box 2120

Richmond, Virginia 23218-2120

**RETURN BY September 21, 2018**

**School Division:**

**Contact Name:** **Email Address:**

**Address Phone:**

**Name of Participants:**

**Position:**

**Email:**

**Please check dates attending**:  **October 2  October 3  October 4**

**Attending Coordinators Meeting:**

**Total Payment:**

**Special accommodations needed:**

**A check made out to The Treasurer of Virginia in the amount of $25 must be included with two copies of the registration form. No purchase orders will be accepted. No registrations will be accepted after September 21, 2018. There will be a $50 returned check fee.**

**Each participant will be responsible for his or her own travel and hotel accommodations. You will be sent a confirmation notice and a link to the conference materials.**

**Please print and bring a copy of the materials, from the link that will be provided with your registration confirmation, for the sessions that you will be attending. No handouts will be provided.**

**For office use only**: Amy Edwards, 201- 95945