Attachment A, Memo No.176-15

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 October 12, 2015

# School Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Participants**: (***This page must be filled out***) **Please check dates attending**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **E-mail** | **Oct. 27** | **Oct. 28** | **Oct. 29** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

Page 2 – Medicaid and Schools Registration Form

**Confirm those registering here**: (***This page must be filled out. Must match names on page 1***)

|  |  |
| --- | --- |
| **Name** | **Email** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Total Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 October 12, 2015. There will be a $35 returned check fee.**

**Each participant will be responsible for his or her own travel and hotel accommodations. To receive the rates described in the Superintendent’s Memo, you may call the Doubletree Hotel at (800) 494-9467 and reference the Medicaid and Schools training. 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