Registration Form

Neighborhood Networks Week: June 25–30, 2007

Name/Title_____

Center _____

Street Address _____

City_____ State_____ Zip Code_____

Phone_____ Fax _____

E-mail Address_____

Property Name_____

Property Contact _____ Phone_____

Please answer the following questions:

1. Type of housing served (check all that apply)

☐ Senior ☐ Family ☐ Assisted ☐ Market rate

___Section 8

___Section 236

___Public housing

2. Date your center became operational _____

3. Will your center be holding a local event during Neighborhood Networks Week?

☐ Yes ☐ No If yes, please complete the information below.

Name of Event_____

Date_____Time_____

Description of Event_____

Anticipated Attendance _____

4. Will the center participate in any of the national events during Neighborhood Networks Week? ☐ Yes ☐ No

Mail this form to: Neighborhood Networks Week
8403 Colesville Road, 10th Floor
Silver Spring, MD 20910

E-mail this form to: kstevenson@NeighborhoodNetworks.org

Fax this form to: (301) 589–2493

This form will be available on the Neighborhood Networks Web site. Centers can register online at *www.NeighborhoodNetworks.org*, or call the Neighborhood Networks Information Center toll-free at (888) 312–2743 or TTY (800) 483–2209. The hearing impaired may access Neighborhood Networks via TTY by calling the Federal Information Relay Service at (800) 877–8339.