

FAX TRANSMITTAL

North Carolina Food Stamp Conference Participant Survey

To: Joseph Scott

Facsimile Numbers: (919) 733-0645 or (919) 715-5457

From: _____ County

Please provide an estimate of the number of participants your county plans to send to the conference. For example, if designated staff will attend the full conference, one slot is needed for each participant. If multiple workers share a slot so that Workers A and B attend one day, and Workers C and D attend days two and three, only two slots will be needed for the four staff.

*******Please complete and return no later than March 31, 2006.**

Our county requests _____ slots for the North Carolina Food Stamp Conference.

Comments: _____

Completed By: _____

Title: _____

Phone: _____

Fax: _____