



## National Take Back Initiative

April 29, 2017 10:00 a.m.-2:00 p.m.

## **Registration Form**

## **Participant Information**

Law Enforceme	ent Agency:				<del> </del>
Point of Contac	t Name: Address: _				
	Phone: Email:				
Collection Site: Address:					
City:		State	e:	Zip:	

In order for DEA to obtain the necessary supplies for your Agency to participate, please respond via fax or scanning and emailing this form by March 1, 2017.

## **DEA Contact Information**

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