Workshop Registration Form

Sponsored by CCSSO/MSP RETA Project

Registration Due: Friday, January 21, 2005

DATE/TIME: 8:30-5:00PM; WEDNESDAY, FEBRUARY 2, 2005

Workshop Location:
American Institutes for Research (AIR)
1000 Thomas Jefferson Street, Fl. 2nd
Washington, DC 20007
T: 202-944-5300

☐ I plan to attend this workshop.
☐ Attending in place of ________________________________.

Diet: ☐ Regular  ☐ Vegetarian  ☐ Other: ________________

Special Needs: ______________________________________

NAME _______________________________________________________

ORGANIZATION ________________________________________________

TITLE ________________________________________________________________________

STREET _____________________________________________________________

ROOM/MAIL STOP _________________________________________________

CITY/STATE/ZIP _________________________________________________

HOME PHONE ____________________________

WORK PHONE ____________________________

FAX _______________________________________

EMAIL ______________________________________

Important: Please complete the Emergency Contact Information below. Registration process will not be complete if this information is not filled out.

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<th>Daytime Phone</th>
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Fax completed form to **202-408-1938**
ATTN: **Carlise Greenfield, EVENT PLANNER**  DIRECT LINE: **202-336-7066**