CONFERENCE ATTENDANCE RECORD

No.: B3Z12080 Title: School Based Services

Place: Room 400 Date: May 29, 2012 Time: 10:00 a.m.

Buyer: Laura Ortmeyer Phone: (573) 751-4579 Fax: (573) 526-9816

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone #, Fax #, e-mail address (if appropriate), M/WBE Status
1. Stacy Dye 2. Anna Willingham 3.	Co. Name: Claim Care, Inc. City/State/Zip: Paris MO 65275 Phone # 877-327-5308 / Fax #: 660-327-4235 e-mail address: claim@centurytel.net MBE ___ WBE X N/A ___
1. Joe Weber 2. 3.	Co. Name: Public Consulting Group City/State/Zip: Boston, MA 02109 Phone # (617) 717-1476 / Fax #: (617) 426-4632 e-mail address: jweber@pcgus.com MBE ___ WBE ___ N/A X
1. Andrew Joseph 2. 3.	Co. Name: Fairbanks LLC City/State/Zip: Chicago, IL 60611 Phone # 773-251-7687 / Fax #: 312 264 5590 e-mail address: ajoseph@fairbanksllc.com MBE ___ WBE ___ N/A X
1. Jackie Coleman 2. Ron Coleman 3.	Co. Name: Coleman & Associates LLC City/State/Zip: 1805 Crader Drive Phone # (573) 230-5725 / Fax #: e-mail address: jackie@colemanllc.com MBE ✓ WBE ✓ N/A ___
1. Kim Ratcliffe 2. Melissa Randol 3.	Co. Name: Missouri School Boards' Assoc. City/State/Zip: Columbia, MO 65203 Phone # (573) 445-9920 / Fax #: (573) 445-9981 e-mail address: ratcliffe@msbanet.org MBE ___ WBE ___ N/A X
1. Dianne Sinden 2. 3.	Co. Name: MO Health Net Div City/State/Zip: JC MO Phone # / Fax #: e-mail address: Dianne.K.Sinden@dss.mo.gov MBE ___ WBE ___ N/A ___

CONFERENCE ATTENDANCE RECORD

- - -Continuation Page- - -

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone #, Fax #, e-mail address (if appropriate), M/WBE Status
1. Jennifer Bax	Co. Name: MO HealthNet
	City/State/Zip:
2.	Phone # 573-751-9290 / Fax #:
	e-mail address: Jennifer.G.Bax@dss.mo.gov
3.	MBE ____ WBE ____ N/A ____
1. Derek Abucham	Co. Name: Accelify, LLC
	City/State/Zip: Brooklyn, NY 11205
2. Terry Stewart	Phone # 1889Accelify / Fax #:
	e-mail address: dabucham@accelify.com
3. Linda Kirkpatrick	MBE ____ WBE ____ N/A ____
1. Shelley Woods	Co. Name: DESE
	City/State/Zip: JC MO 65102
2.	Phone # 751-3561 / Fax #:
	e-mail address: Shelley.woods@dese.mo.gov
3.	MBE ____ WBE ____ N/A ____
1.	Co. Name:
	City/State/Zip:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE ____ WBE ____ N/A ____
1.	Co. Name:
	City/State/Zip:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE ____ WBE ____ N/A ____
1.	Co. Name:
	City/State/Zip:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE ____ WBE ____ N/A ____
1.	Co. Name:
	City/State/Zip:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE ____ WBE ____ N/A ____