CONFERENCE ATTENDANCE RECORD

No.: B3Z13010 Title: Educator Assessments

Place: Room 315, Governor's Office Bldg. Date: 8/8/12 Time: 9:30

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. Bruce Smith 2. Robert Friedman 3. Bill Orth	Co. Name: Pearson City/State/Zip: Hadley, MA 01035 Phone # 413-256-6444 / Fax #: e-mail address: william.orth@pearson.com MBE ____ WBE ____ N/A ____
1. JAKE PARIZEK 2. 3.	Co. Name: CTB/McGraw-Hill City/State/Zip: Phone # 319.331.3666 / Fax #: e-mail address: jake_parizek@ctb.com MBE ____ WBE ____ N/A ____
1. Seth Weiner 2. 3.	Co. Name: ETS (Educational Testing Svs) City/State/Zip: Princeton, NJ, 08541 Phone # 609 243-6523 / Fax #: e-mail address: sweiner@ets.org MBE ____ WBE ____ N/A ____
1. Jason Kolks 2. 3.	Co. Name: Division of purchasing City/State/Zip: Phone # / Fax #: e-mail address: MBE ____ WBE ____ N/A ____
1. Tom Morgan 2. 3.	Co. Name: Morgan & Associates City/State/Zip: Bridgeton, MO 63044 Phone # 314.971.1187 / Fax #: 314.298-9998 e-mail address: tom.morgan314@gmail.com MBE ____ WBE ____ N/A ✓
1. Lisa Sireno 2. Pam Humphreys 3. Paul Hirsch	Co. Name: Assessment Resource Center City/State/Zip: Columbia MO 65201 Phone # 5738824694 / Fax #: e-mail address: sirenol@missouri.edu MBE ____ WBE ____ N/A ____

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List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone #, Fax #, e-mail address (if appropriate), M/WBE Status
1. Don Eisinger 2. 3.	Co. Name: Mo. DESE City/State/Zip: JCMO Phone # / Fax #: e-mail address: MBE _____ WBE _____ N/A _____
1. Christina Hudson 2. Margaret Bieri 3.	Co. Name: Educator Quality City/State/Zip: Phone # 751-11608 / Fax #: e-mail address: MBE _____ WBE _____ N/A _____
1. 2. 3.	Co. Name: City/State/Zip: Phone # / Fax #: e-mail address: MBE _____ WBE _____ N/A _____
1. 2. 3.	Co. Name: City/State/Zip: Phone # / Fax #: e-mail address: MBE _____ WBE _____ N/A _____
1. 2. 3.	Co. Name: City/State/Zip: Phone # / Fax #: e-mail address: MBE _____ WBE _____ N/A _____
1. 2. 3.	Co. Name: City/State/Zip: Phone # / Fax #: e-mail address: MBE _____ WBE _____ N/A _____
1. 2. 3.	Co. Name: City/State/Zip: Phone # / Fax #: e-mail address: MBE _____ WBE _____ N/A _____

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