



**THE NATIONAL
FAIR ACCESS COALITION ON TESTING
2008 MEMBERSHIP MEETING INFORMATION**

_____ Yes, I would like to participate in the membership meeting via teleconference. Please send me call-in information. (Please note that this information will be sent to you approximately one week prior to the call.)

_____ I regret that I cannot participate.

Conference Attendee Name: _____
First Middle Initial Last

FACT Membership Organization: _____

Contact Information: _____
Street Address

City

State

Zip

() - _____
Telephone Number

() - _____
Fax Number

Email

Please send this form by **Thursday, September 11** to Kristi McCaskill, FACT Coordinator, 7 Terrace Way, Greensboro, NC 27403, or fax it to (336) 547-0017.