ATE ADDITIONAL REGISTRANT REGISTRATION FORM

ATE PRINCIPAL INVESTIGATORS CONFERENCE
OMNI SHOREHAM HOTEL, WASHINGTON, DC • OCTOBER 21 – 23, 2009

ATTENDEE INFORMATION

<table>
<thead>
<tr>
<th>ATE GRANT AWARD # (REQUIRED)</th>
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<td>NAME OF PI YOU WILL ACCOMPANY</td>
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| NAME |
| NICKNAME/NAME FOR BADGE |
| TITLE |
| INSTITUTION |
| ADDRESS |
| CITY | STATE | ZIP |
| TELEPHONE | FAX |
| EMAIL |

PLEASE SPECIFY ANY ACCESSIBILITY OR DIETARY NEEDS

ADDITIONAL REGISTRANT REGISTRATION FEE: $300.00

Amount Due $________________

METHOD OF PAYMENT

Please check one:

- [ ] CHECK
- [ ] CREDIT CARD
  - [ ] MASTERCARD
  - [ ] VISA
  - [ ] AMERICAN EXPRESS

NAME ON CARD

CREDIT CARD #

EXP. DATE

Please send a copy of this form by Friday, September 25 to:
ATE Conference
American Association of Community Colleges
One Dupont Circle, NW, Suite 410
Washington, DC 20036-1176
Phone: 202-728-0200 x279 Fax: 202-728-2965
Email: ate@aacc.nche.edu

IF PAYING BY CHECK
Mail the form and registration fee (payable to AACC) to:
American Association of Community Colleges
PO Box 75263
Baltimore, MD 21275

(AACC Acct. #3510-138600)