



Mid-West and Eastern Multi-Regional Grantees

American Indian Center of Arkansas

1100 N. University, Ste 143

Little Rock, AR 72207-6344

(501) 666-9032

(501) 666-5875 Fax

Save the Date

November 5-9, 2017

Mid-West and Eastern Multi-Regional WIOA Employment & Training Conference

Hard Rock Hotel & Casino

Tulsa, OK

To receive updates please reply to this email: lbethards@arindianctr.org.

2017 Mid-Western & Eastern Multi -Regional WIOA E&T Conference

Hard Rock Hotel, Tulsa, OK – November 5 – 9, 2017

AGENDA

Sun – November 5	Monday-November 6, 2017	Tuesday-November 7, 2017	Wednesday-November 8, 2017	Thu-Nov 9	
TRAVEL DAY	7:30 am – 8:30 am Early Bird – Motivation (Door Prizes)	7:30 am – 8:30 am Early Bird – Motivation (Door Prizes)	7:30 am – 8:30 am Early Bird – Motivation (Door Prizes)		
	GENERAL ASSEMBLY 8:30 am – 10:15 am CALL TO ORDER INVOCATION - COLOR GUARD – Drum Group – WELCOME Ms. Patty Mink, Region IV Vice-Chairperson Greetings & DOL Updates (Tentative) – Athena Brown Chief, DINAP Advisory Council Updates - Advisory Council Chair	GENERAL ASSEMBLY 8:30 am – 10:15 am INVOCATION Introduction – Patty Mink Conference Updates – Patty Mink	GENERAL ASSEMBLY 8:30 am – 10:15 am INVOCATION - Multi-Regional Meeting – Closing Remarks – Patty Mink Retire Colors		TRAVEL DAY We wish you a safe trip home!
	Morning Break 10:15 am – 10:30 am	Morning Break 10:15 am – 10:30 am	Morning Break 10:15 am – 10:30 am		
	WORKSHOPS 10:30 am – 12:00 noon	WORKSHOPS 10:30 am – 12:00 noon	WORKSHOPS 10:30 am – 12:00 noon		
Sunday Registration 2:00 pm – 6:00 pm Registration Daily Monday - Wednesday 7:00 am – 4:30pm	Lunch On Your Own (12 to 1:15) WORKSHOPS 1:15 pm – 2:45 pm Afternoon Break 2:45 pm - 3:00 pm WORKSHOPS 3:00 pm – 4:30 pm	Lunch On Your Own (12 to 1:15) WORKSHOPS 1:15 pm – 2:45 pm Afternoon Break 2:45 pm - 3:00 pm WORKSHOPS 3:00 pm – 4:30 pm	Lunch On Your Own (12 to 1:15) WORKSHOPS 1:15 pm – 2:45 pm Afternoon Break 2:45 pm - 3:00 pm WORKSHOPS 3:00 pm – 4:30 pm		
Welcome Reception 6:00 pm – 8:00 pm	Regional Networking Reception Cultural Presentation – 5:30 pm – 7:30 pm		Recognition Dinner 6:00 pm – 8:00 pm		



2017 ANNUAL Mid-Western & Eastern Multi-Regional WIOA Employment & Training Conference Tulsa, OK November 5 – 9, 2017

Registration Form

Conference Registration Fee Rate
**Early bird registration on or
before September 30, 2017:
\$250.00**

**Received after Sept. 30, 2017:
\$275.00**

On-Site: \$300.00

*Early registration helps with planning
activities and meals and saves you money.*

**All registration fees are non
refundable.**

Make hotel reservations by
October 13, 2017.

Where:

Hard Rock Hotel, Tulsa, OK
Direct Number: 800-760-6700

Reservation name:
Mid-West & Eastern Multi-Regional
Employment & Training Conference

Single/Double Rate:
\$99.00 plus Tribal Fee of 6%

Grantee: _____

Address: _____

Telephone Number: _____ Fax: _____

Please list the name(s) of individual(s) who will be attending. If you do not know the name(s) of the individual(s) who will be attending, write "unsure".

Attendee Name	Title

Received on/before 9/30/2017: # attending ___ x \$250 = _____

Received after 10/13/2017: # attending ___ x \$275 = _____

On-site: #attending ___ x \$300 = _____

Total amount _____

- **Make check payable to: Region 6 Native American Employment Training Grantees**
- **Mail form and check to: American Indian Center of Arkansas, Attn: Lois Bethards,**
- **1100 N. University, Ste 143, Little Rock, AR 72207-6344**
- **For questions or information, please call or email: Lois Bethards at 501-666-9032 or lbethards@arindianctr.org . Fax 501-666-5875.**

AICA Use Only:

Paid: Check #: _____ Amount: \$ _____ Or Cash: \$ _____

Received by: _____ Date: _____

Purchase Order #: _____ Amount Due: \$ _____



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WORKSHOP PRESENTATION PROPOSAL

Workshop Presentation Information		
Workshop Title:		
Workshop Description:		
Length of Workshop Session: ___ 1 ½ hours ___ 3 hours Are you willing to repeat session: ___ Yes ___ No Preferred Date(s): ___ Monday ___ Tuesday ___ Wednesday		
Primary Presenter's Name:		Title/Position:
Grantee/Company/Agency:		
Mailing Address:		
City:	State:	Postal Code:
Email Address:	Daytime Phone:	Fax No.:
Additional Present's Name:	Title/Company:	
Additional Present's Name:	Title/Company:	
Additional Present's Name:	Title/Company:	
Presenter Agreement: I hereby affirm that none of the material presented in my presentation, to my knowledge, infringes upon the copyright or right of privacy of others, and that material which references work of others will be properly credited to that source. Further, I will not misrepresent, libel or slander, any other person, facility, service or product during the course of my presentation. If such affirmation is breached, I will indemnify and hold harmless MWEMRC, its officers, directors, employees, and representatives, from and against any actions, losses, costs, damages, claims, and expenses including attorney's fees.		
_____		_____
Presenter's Signature		Date

<u>Audio-Visual/Training Needs</u> ___ Microphone ___ Flipchart ___ Laptop ___ Table ___ LCD Projector ___ Screen ___ DVD Player ___ Bringing ___ VCR ___ Own Equip Please bring your own equipment if possible. Thank you.	<u>Preferred Room Set-Up</u> ___ Classroom ___ Theatre ___ Rounds ___ U-Shape Table ___ U-Shape No Table ___ Other _____	<u>Handouts/Printed Material</u> Presenter ___ will ___ will not have handouts. ___ Available in electronic format ___ Available in hard copy only ___ Need handouts reproduced (provide handout to be reproduced by email or hard copy)
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Please submit Workshop Presentation Proposal to MWEMRC, Attn: Erwin Pahmahmie, P.O. Box 67, Concho, OK 73022 fax 405-422-8243, or email (scanned form) to epahmahmie@c-a-tribes.org; by October 1, 2017. For information call 405-422-7660.