

"Successful Pathways for Native Communities"

◆ ◆ ◆ ◆ **2017 WESTERN REGIONAL WIOA/477 TRAINING** ◆ ◆ ◆ ◆

February 27 to March 3, 2017

Northern Quest Resort & Casino

100 North Hayford Road, Airport Heights, WA 99001

REGISTRATION

Registration Fee & Payment eff. 12/01/2016

Online registration and payment is available with the Phoenix Indian Center website at:

<http://phxindcenter.com/>

Registration Fee Schedule

Early Bird-Registration

\$275.00-----By December 30, 2016

Pre-Registration

\$300.00-----By January 20, 2017

On-site Registration- \$400.00

(All registration fees are ***non-refundable***)

Early registration helps with planning activities & meals **AND** saves you money!

Payments:

Payments can be made Online, by Company Check, Money Order or Credit Card (Visa or MasterCard only); payable to the **Phoenix Indian Center, Inc., Native Workforce Services**. Call to request an IRS W-9.

Mail Payment to:

Western Regional WIOA Training

Phoenix Indian Center, Inc.

4520 N Central Avenue Suite 250

Phoenix AZ 85012

FAX: 602-274-7486

Hotel Accommodations:

A block of rooms is reserved at the Northern Quest Resort & Casino. The rate single/double is \$99.00 (plus \$24.26 tax/fees) Group name: Western Region WIOA. Attendees must call hotel at (877) 871-6772 by **Friday, January 27, 2017** to receive group rate. *All reservations will require a one (1) night advance deposit per room, plus tax to guarantee accommodations.* If special accommodations for disabled individuals are needed, please make request in advance.

Parking: Complimentary self-parking. Complimentary transportation to locations within five miles of hotel is available to attendees.

(Please type or print clearly | Use one form per registrant)

Grantee Name: _____

☐ Mr. ☐ Ms. ☐ Other _____

First: _____

Last: _____

Title/Position: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Telephone: _____

Fax Number: _____

E-Mail: _____

Payment Total: \$ _____

☐ Check enclosed -- make payable to: **PHOENIX INDIAN CENTER**

☐ Purchase Order # _____

☐ Credit Card (additional \$5.00 fee)

☐ Visa ☐ MasterCard

Card No.: _____

Expiration Date: _____

Cardholder Name: _____

Card Billing Address: _____

Card Billing Phone: _____

(Signature): _____

For further information, please contact: Phoenix Indian Center, 602-264-6768. Ask for Bree Marshall.

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WORKSHOP PRESENTATION PROPOSAL

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------|
| Workshop Title: | | |
| Workshop Description: | | |
| Length of Workshop Session: <input type="checkbox"/> 1½ hours <input type="checkbox"/> 3 hours Preferred Date(s): <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday | | Are you willing to repeat session? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Presenter's Name: | | Title/Position: |
| Grantee/Company/Agency: | | |
| Mailing Address: | | |
| City: | State: | Postal Code: |
| Email Address: | | Daytime Phone: |
| Additional Presenter's Name: | | Title/Company: |
| Additional Presenter's Name: | | Title/Company: |
| Additional Presenter's Name: | | Title/Company: |
| Presenter Agreement: <i>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 Western Regional WIOA Training and the Sheraton Crescent Hotel, its officers, directors, employees, and representatives, from and against any actions, losses, costs, damages, claims, and expenses including attorney's fees.</i> | | |
| _____ Presenter's Signature | | _____ Date |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Audio-Visual/Training Needs <input type="checkbox"/> Microphone <input type="checkbox"/> Flipchart <input type="checkbox"/> Laptop <input type="checkbox"/> Table <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> DVD Player <input type="checkbox"/> Bringing own AV <input type="checkbox"/> VCR <i>Please bring your own equipment if possible. Thank you.</i> | Preferred Room Set-Up <input type="checkbox"/> Classroom <input type="checkbox"/> Theatre <input type="checkbox"/> Rounds <input type="checkbox"/> U-Shape Table <input type="checkbox"/> U-Shape No Table <input type="checkbox"/> Other _____ | Handouts/Printed Material Presenter <input type="checkbox"/> will <input type="checkbox"/> will not have handouts. <input type="checkbox"/> Available in electronic format <input type="checkbox"/> Available in hard copy only <input type="checkbox"/> Need handouts reproduced (provide handouts to be reproduced by email or hardcopy) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please submit Workshop Presentation Proposal to Bonnie DeWeaver, Native Workforce Services Program Manager, Phoenix Indian Center, Inc., 4520 North Central Avenue, Suite 250, Phoenix, AZ 85012.
Submit to: Email: bdeweaver@phxindcenter.org | Fax: (602) 274-7486. For information, call (602) 264-6768



2017 WESTERN REGIONAL WIOA/477 TRAINING

February 27 – March 3, 2017

Northern Quest Resort - 100 N Hayford Road, Airway Heights, WA



AGENDA

**SCHEDULE SUBJECT TO CHANGE. Note training days will remain the same.*

| Monday, February 27, 2017 | Tuesday, February 28, 2017 | Wednesday, March 1, 2017 | Thursday, March 2, 2017 | Friday, March 3, 2017 |
|----------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|
| TRAVEL DAY | 7:00 am – 5:00 pm Registration & Information Booth open | 8:00 am – 5:00 pm Registration & Information Booth open | 8:00 am – 5:00 pm Registration & Information Booth open | TRAVEL DAY HAVE A SAFE TRIP HOME |
| | 9:00 am – 12:00 pm GENERAL ASSEMBLY | 9:00 am – 10:00 am GENERAL ASSEMBLY | 9:00 am – 10:00 am GENERAL ASSEMBLY | |
| | 9:00 am – 12:00 pm GENERAL ASSEMBLY 12:00 pm – 1:30 pm LUNCH ON OWN | 10:15 am – 10:30 am BREAK | 10:15 am – 10:30 am BREAK | |
| 1:00 pm – 5:00 pm Registration & Information Booth open | | 10:30 am – 12:00 pm WORKSHOPS | 10:30 am – 12:00 pm WORKSHOPS | |
| | | 12:00 pm – 1:30 pm LUNCH ON OWN | 12:00 pm – 1:30 pm LUNCH ON OWN | |
| | | 1:30 pm – 3:00 pm WORKSHOPS | 1:30 pm – 3:00 pm WORKSHOPS | |
| 3:00 pm – 3:30 pm AFTERNOON BREAK | | 3:00 pm – 3:30 pm AFTERNOON BREAK | 3:00 pm – 3:30 pm AFTERNOON BREAK | |
| 3:30 pm – 5:00 pm WORKSHOPS | 3:30 pm – 5:00 pm WORKSHOPS | 3:30 pm – 5:00 pm WORKSHOPS | | |
| 6:00 pm – 8:00 pm Welcome Reception provided with Registration | | | 6:00 pm – 9:00 pm Banquet Provided with Registration | |

Typical workshop topics include but are not limited to:

166 Financial Management
166 Online Reporting
Assessments/IEP
BearTracks
Business Development
Social Media
Tribal TANF
Veteran's Priority of Service

Career Pathways
Case Management
Common Measures
Entrepreneurism
Federal Contract Compliance
Stackable Credentials
Understanding Public Law 477
WIOA

NINAETC 2017 Planning Meeting
On-Line Reporting
PL 102-477 Best Practices
PL 102-477 New Program Director/Staff
Resource Development Networking
TERO
Uniform Guidance
Youth College and Career Readiness

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VENDOR/EXHIBITOR REGISTRATION

Vendor space is available for the Western Regional WIOA/477 Training on the above dates.

Cost plus 1 raffle item (\$50.00 value) for full conference (1 table and 2 chairs provided)

Native American Community \$150.00 Non-Profit \$250.00 Tribal Enterprise \$300.00

Private Business \$725.00

Terms of Agreement

Application for space and its acceptance constitutes a contract to use the space assigned. The Western Regional WIOA/477 Training retains the right to assign and/or change exhibit locations due to unavoidable problems of parties involved. The Western Regional WIOA/477 Training reserves the right to refuse space to those applicants whose materials are deemed not to be appropriate.

It is understood that the Vendor/Exhibitor agrees to abide with all rules and regulations stipulated by the WIOA/477 Training, Hotel and governing municipalities, as required. The Vendor/Exhibitor agrees to indemnify and hold harmless the Western Regional WIOA/477 Training and the Northern Quest Resort & Casino, their officers, directors, employees and representatives, from and against any actions, losses, costs, damages, claims and expenses including attorney's fees, arising from any damage to property or bodily injury to Vendor/Exhibitor, his agents, representatives, employees by reason of the Vendor/Exhibitor's occupancy or use of the hotel and exhibit facilities.

In accordance with the foregoing agreement for the Western Regional WIOA/477 Training to be held February 27 – March 3, 2017, the undersigned makes application for exhibit space and encloses the full fee for each space requested. Raffle items will be collected on-site.

Contact Name: _____ Title: _____

Badge Name: _____ Badge Name: _____

Company/Organization: _____

Mailing Address: _____

Telephone: _____ Email: _____

Service/merchandise description: _____

Vendor/Exhibitor Signature: _____ Date: _____

Payments:

Payments can be made by Company Check, Money Order or Credit Card (Visa or MasterCard only). Please make all checks payable to the **Phoenix Indian Center, Inc., Native Workforce Services**

Mail Payment to:

Western Regional WIOA Training
Phoenix Indian Center, Inc.
4520 N Central Avenue Suite 250
Phoenix AZ 8501

Conference Bag & Raffle Items

Regional VI Training—Spokane, WA



Conference bag items
(#300) and/or raffle-door prize
items can be shipped to the
address below.



American Indian Community Center

Attn: Linda Lauch, 610 E. No. Foothills Drive
Spokane, Washington 99207