

***“Empowering Innovation and Opportunity
in Native Communities”***

2016 WESTERN REGIONAL WIOA TRAINING

April 11-14, 2016

Sheraton Crescent Hotel

2620 West Dunlap Avenue

Phoenix, Arizona

888-627-7023 | www.sheratoncrescent.com



IMPORTANT DUE DATES

MARCH 18, 2016 – PRE-REGISTRATION RATE

MARCH 18, 2016 – WORKSHOP PRESENTATION PROPOSALS DUE

MARCH 18, 2016 – LODGING RESERVATIONS CUT-OFF

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REGISTRATION

Registration Fees

Pre-Registration

\$300.00-----By March 18, 2016

On-Site Registration

\$400.00-----On site or after March 18, 2016

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

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

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
California Indian Manpower Consortium, Inc.
738 North Market Boulevard
Sacramento, California 95834
(916) 920-0285 telephone number - (916) 641-6338 fax

Hotel Accommodations:

A block of rooms have been reserved at the Sheraton Crescent Hotel, 2620 West Dunlap Avenue, Phoenix, Arizona. The special group rate for Singles/Doubles is \$120.00; Triple: \$130.00; Quad: \$140.00 (plus 12.57% tax) Group name: Western Region WIOA. Attendees may call hotel at (888) 627-7023 before March 18, 2016 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 notify Starr Robideau at srobideau@indiancenter.org.

Parking: Complimentary self-parking in covered garage.

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: Ms. Starr Robideau
– srobideau@indiancenter.org*

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VENDOR/EXHIBITOR REGISTRATION

Vendor spaces are available for the Western Regional WIOA Training on the above dates.

Rate for full conference (1 table and 2 chairs provided): \$250.00 + raffle item

Terms of Agreement

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

It is understood that the Vendor/Exhibitor agrees to abide with all rules and regulations stipulated by the WIOA Training, Hotel and governing municipalities, as required. The Vendor/Exhibitor agrees to indemnify and hold harmless the Western Regional WIOA Training and the Sheraton Crescent Hotel, 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 Training to be held April 11-14, 2016, the undersigned makes application for exhibit space and encloses the full fee for each space requested.

Contact Name: _____ Title: _____

Badge Name: _____ Badge Name: _____

Company/Organization: _____

Mailing Address: _____

Telephone: _____ Email: _____

Service/merchandise description: _____

Vendor/Exhibitor Signature: _____ Date: _____

Payments:

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Mail Payment to:

Western Regional WIOA Training
California Indian Manpower Consortium, Inc.
738 North Market Boulevard
Sacramento, California 95834
(916) 920-0285 office / (916) 641-6338 fax
Contact CIMC for credit card payment.

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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	Are you willing to repeat session?
Preferred Date(s):	<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<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:		
<p><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></p>		
_____ Presenter’s Signature		_____ Date

<p><u>Audio-Visual/Training Needs</u></p> <p><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</p> <p><i>Please bring your own equipment if possible. Thank you.</i></p>	<p><u>Preferred Room Set-Up</u></p> <p><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 _____</p>	<p><u>Handouts/Printed Material</u></p> <p>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)</p>
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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

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AGENDA

**SCHEDULE SUBJECT TO CHANGE*

Monday, April 11, 2016	Tuesday, April 12, 2016	Wednesday, April 13, 2016	Thursday, April 14, 2016	Friday, April 15, 2016	
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	
	8:00 am Breakfast	8:00 am Breakfast	8:00 am Breakfast		
	9:00 am – 12:00 pm GENERAL ASSEMBLY	9:00 am – 10:15 am GENERAL ASSEMBLY	9:00 am – 10:15 am GENERAL ASSEMBLY		9:00 am – 10:15 am GENERAL ASSEMBLY
		10:15 am – 10:30 am BREAK	10:15 am – 10:30 am BREAK		10:15 am – 10:30 am BREAK
	10:30 am – 12:00 pm WORKSHOPS	10:30 am – 12:00 pm WORKSHOPS	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	12:00 pm – 1:30 pm LUNCH ON OWN	12:00 pm – 1:30 pm LUNCH ON OWN		
1:00 pm – 5:00 pm Registration & Information Booth open	1:30 pm – 3:00 pm WORKSHOPS	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			6:00 pm – 9:00 pm Banquet		

Workshop topics may include, but not limited to:

**indicates confirmed workshops to date*

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| <ul style="list-style-type: none"> • *PL 102-477 Best Practices • *PL 102-477 New Program Director/Staff • *Understanding Public Law 477 • *SMART Training– Presented by San Francisco Regional DOL Financial Staff • *WIA to WIOA Transition • *BearTracks • *NINAETC 2016 Planning Meeting • 166 Financial Management • 166 Online Reporting • Uniform Guidance • Stackable Credentials • Federal Contract Compliance | <ul style="list-style-type: none"> • TERO • Integrating SCALE Assessment into the IEP • Business Development • Career Pathways • Case Management • Common Measures • On-Line Reporting • Resource Development networking • Social Media • Tribal TANF • Veteran’s Priority of Service • YOUTH – Career & College Readiness |
|---|--|