



This event is presented by the CESA 6 Career and Technical Services Center

YA Coordinators Network Meeting

Friday, May 2, 2014 • 8:30 a.m. - 3:30 p.m.



Presenter: Tania Kilpatrick
CESA 6 CTE Coordinator

Agenda Item

YA 101- New YA Coordinator Training	<i>(optional)</i>	8:30 - 9:30
2014-15 YA Grant Review		9:30 - 10:00
BREAK		10:00 - 10:15
Articulation agreements with technical colleges		10:15 - 10:45
NEW YA program area: Construction Trades		10:45 - 11:15
LUNCH PROVIDED		11:30 - Noon
Child Labor Laws		Noon - 1:00

Network/Share Time

Employer outreach strategies	1:00 - 2:30
Marketing YA programs	2:30 - 3:30

Registration Details

- **Dates:** May 2, 2014
- **Registration Fee:** FREE
- **Time:** 8:30 a.m. - 3:30 p.m.
- **Onsite check-in:** 8:00 - 8:30 a.m.
- **Location:** CESA 6 Conference Center · 2300 State Road 44 · Oshkosh WI 54903
- **Registration includes materials and lunch**
- **Registration Deadline:** April 25, 2014
- **Online registration:** http://www.cesa6.org/prof_dev/

Cancellation Policy: Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

For additional information contact:

Tania Kilpatrick , CESA 6 CTE Coordinator - tkilpatrick@cesao6.org or 920.236.0548

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Participant Name(s) _____

Position(s) _____ District _____

Phone (Work) _____ (Home) _____

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Email Address _____ Special accommodations or dietary needs _____

To Register: Go to http://www.cesa6.org/prof_dev/ or send completed form to:
Debbie Pinkerton, Program Assistant,
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478

Please check one:

- Check is enclosed, made payable to CESA 6
- Bill my School District, PO # _____
- Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- Credit Card Payment

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

Expiration Date _____ 3 Digit Code on Back of Card _____