Save the Date!
Expanding the Role of Promotores/Community Health Workers in Promoting Prevention & Dispelling Myths

May 17–18, 2015
(Holiday Inn Austin Midtown)
6000 Middle Fiskville Road Austin, TX 78752

Promotores/CHW/Instructor Registration Fee: $35.00*
Includes conference materials, CEUs, and meals
*Registration fees for other participants may vary
Scholarships will be available to help cover travel/hotel costs

5 CEUs available for re-certification for Promotores/Community Health Workers/Instructors

www.diadelamujerlatina.org – txpchw2011@gmail.com
Expanding the Role of Promotores/Community Health Workers in Promoting Prevention & Dispelling Myths
Encuentro de Promotores: Promoviendo la Prevención y Clarificando Mitos

REGISTRATION INFORMATION/REGISTRO

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>Prior to April 25</th>
<th>After April 25</th>
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<tbody>
<tr>
<td>Promotores/Community Health Workers/Instructors*</td>
<td>$35.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>Health Professionals, Sponsor Faculty/Staff</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Students / Trainees</td>
<td>$10.00</td>
<td>$15.00</td>
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Registration fees include the following: 5 CEU credits, course syllabus/abstracts and materials, coffee breaks, conference breakfast/snacks and social events. Registro incluye el curso de crédito continuo, desayuno y bocaditos, cafecitos y recepción.

Cancellation Policy: Written notification of cancellation must be received prior to April 25, 2015 to obtain a partial refund of fee (a $35.00 administrative fee is retained); thereafter no refunds will be made. Si cancelan después del 25 de abril, le cobra $35 para gastos administrativos.

*Scholarships: Limited quantities available for Promotores/Community Health Workers to cover hotel – Contact Venus (Tenemos becas para el hotel – contacten a Venus)

Symposium Information Contact: Venus Ginés, txpchw2011@gmail.com
Maximum attendance is expected. Please register early to assure space! Regístran pronto~~

REGISTRATION FORM –Please type or print legibly – Favor de escribir legible

Name /Nombre
Promotor (a) /Community Health Worker Yes/Si____ No____
Instructor (a) Yes/Si___ No____

Organization/Institution/Association /Asociación/Organización/Asociación

Address /Dirección
City /Ciudad
State /Estado
Zip /Código Postal
Office Phone/Teléfono
Fax
E-Mail /Correo Electrónico

Specialty
Certification #

Please indicate:
☐ Promotor (a)/Community Health Worker
☐ Healthcare Administrator
☐ Faculty/Staff (specify)
☐ Health Professional (specify)
☐ Student/Trainee:
☐ Pre/Post Doc
☐ Other ______________________

PAYMENT INFORMATION/Pago
Haga un cheque o pague por PayPal directamente de www.diadelamujerlatina.org

Total Amount Enclosed: $________
Method of Payment (circle): Check, Purchase Order/Requisition, or PayPal

Return this form and payment payable to:
Día de la Mujer Latina, Inc.
10223 Broadway, Ste P437
Pearland, Tx 77584

Signature/Firma Date/Fecha
¡Reserve la Fecha!
Conferencia de Promotores
El Rol de Promotores Promoviendo la Prevención y Clarificando Mitos

17—18 de mayo, 2015
Holiday Inn, Midtown, Austin, TX
6000 Middle Fiskville Road Austin, TX 78752

Cuota de Registración para Promotores: $35.00*
(Incluye materiales, CEUs, y desayuno y mucho más)
Becas disponibles para ayudar a cubrir costos de viaje/hotel

5 CEUs disponibles para re-certificación de Promotores

~Invitación y Agenda serán enviadas posteriormente~
www.diadelamujerlatina.org – txpchw2011@gmail.com
Exhibitor & Sponsorship Opportunities

Registration Form – Please type or print legibly

Contact

Title

Organization/Institution/Association

Address

City

State

Zip

Office Phone

Fax

E-Mail

Exhibitors:
Include some information about what exhibitors get (ie, 1 table, 2 chairs) and any other info (limited outlets, provide your own table cover, lunches or conference registration include for participants, max of X# of participants, etc)

Exhibitor Type (please check):

☐ Corporation of more than 25 employees
☐ Corporation of less than 25 employees
☐ Hospital, Clinic, Academic Institution
☐ State or local government agency
☐ Sponsored Training Programs
☐ Non-profit Organization

Prior to April 25

$300.00

$200.00

$175.00

$75.00

$50.00

$45.00

After April 25

$350.00

$250.00

$225.00

$75.00

$75.00

$55.00

SPONSORSHIP
Please see next page for sponsorship details and other information.

Sponsorship Levels

☐ Gold Contributor
☐ Silver Contributor
☐ Friend of the Mission

Prior to April 25

$5000.00

$3000.00

$1000.00

PAYMENT INFORMATION

Amount Enclosed: $____ Payable to Día de la Mujer Latina, Inc.

10223 Broadway, Ste P437, Pearland, Tx 77584

Method of Payment (circle): Check, Purchase Order/Requisition, or Charge the following:
Visa, MasterCard, American Express, Discover
Card #: ____________________________

Exp. Date: ______________________

Signature

Date
SPONSORSHIP LEVELS

Gold Contributor - $5,000
- Recognition in all advertisements and promotional materials as a Gold sponsor
- Will have the opportunity to be part of the Program’s Agenda
- Your company’s logo on all printed promotional materials (i.e. 5000 fliers along with 500 brochures).
- One (1) - 6’ x 6’ space for a stand for sampling, exhibition, or special promotion
- Special thanks and numerous mentions for recognition during the event
- Presentation for Plaque of Distinction

Silver Contributor - $3,000
- Recognition in all advertisements and promotional materials as a Silver sponsor
- Your company’s logo on all printed promotional materials (i.e. 5000 fliers along with 500 brochures).
- One (1) - 6’ x 6’ table for an exhibition, or special promotion
- Special thanks and numerous mentions for recognition during the event

Friend of the Mission (For Private Patrons- Suggested Contribution: $1000
- Your name on printed promotional materials (i.e. Event Poster and Website).
- Special thanks and numerous mentions for recognition during the event

All funds raised by “Dia de la Mujer Latina” will be used by the committee to pay for all contracted services and logistical expenses for the event on May 17-18, 2015 and no salary or honorarium will be derived from these sponsorships. All contributions are 100% deductible
SCHOLARSHIP APPLICATION/Aplicación para la Beca

DEADLINE: May 1st 1 de mayo

A limited number of scholarships have been set aside to support hotel rooms for Promotores/Community Health Workers who need this assistance. We also have scholarships for gas receipts when carpooling with 4 or more. You will still need to pay for Registration.

Tenemos becas para el hospedaje si tienes necesidad y también gasolina. Favor de completar este formulario. Usted es responsable por el pago del registro.

NOTE: if you, prefer to share the room with 3 other P/CHWs of your acquaintance, please indicate their names below. Para las becas de hospedaje, van a tener que compartir con otros que vienen. Si tiene los nombres de sus 3 compañeros que quiere en su cuarto, favor de añadir los nombres.

<table>
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<tr>
<td>Institution/Organization/Association - Institución/Organización/Asociación</td>
</tr>
<tr>
<td>Address/Dirección</td>
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<tr>
<td>City&amp; Zip/Ciudad / código postal</td>
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<tr>
<td>Telephone/Teléfono</td>
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<tr>
<td>Email/correo electrónico</td>
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Please check all that applies/ Marque todo que aplique:

- ☐ African American
- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian American
- ☐ Caucasian
- ☐ Latino/Hispanic
- ☐ Native Hawaiian
- ☐ Pacific Islander

- ☐ ≤ 21 yrs/años.
- ☐ 22-63 yrs/años
- ☐ ≥ 64 yrs/años.

☐ Do you need accessible accommodations? ¿Tienes algún impedimento que deberíamos asistir para su cuarto?

Name & pone # of roommates for room. NOMBRES y # de teléfono de mis compañeros de cuarto

1. 
2. 
3. 

☐ I agree to accept this scholarship and to attend the entire event. A final evaluation form will be required.

☐ Aseguro con esta firma, que voy a participar en todo el evento. Un reporte de evaluación es requerido.

----------------------------------------  ----------------------------------------
Signature/Firma  Date/Fecha