



***“Tradition of Life Long Learning:  
Mapping out a Child’s Journey through Education”.***

**2009 American Indian Parent Conference  
March 16 – 17, 2009**

**Glendale Community College  
6000 West Olive Avenue  
Glendale, Arizona**

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**Sponsored by**

**The Arizona Indian Education Association  
The Maricopa ACE Programs  
ACE Plus Program at Glendale Community College  
Inter Tribal Council of Arizona, Inc.**

**A STATEWIDE EDUCATION CONFERENCE FOR ARIZONA’S AMERICAN INDIAN PARENTS**





## Conference Registration

### Conference Dates

March 16 & 17, 2009

### Conference Location

Glendale Community College  
6000 West Olive Avenue  
Glendale, Arizona

Conference Meals: Breakfast and lunch will be provided with paid conference registration for both days. Dinner will be provided on Monday evening. Please reference tentative conference schedule.

### Early Bird Registration

\$75.00 per registrant  
FEE Ends on Feb. 20, 2009

### Regular Registration

\$85.00 per registrant  
Regular Registrations begins Feb. 21, 2009

### Payment Methods

- Business Checks
- Purchase Orders
- Money Orders

### Return Registration Form & Payment to

AIEA  
P.O. Box 13402  
Phoenix, Arizona 85002

### Cancellation Policy

No Refunds are allowed  
Substitutes are acceptable.

### For Questions regarding Registration Payment and/or Exhibitor Booth Information contact

Kathy Savala  
Phone 602-257-4051  
Fax 602-257-2837  
Email:  
[Kathy.savala@phxelem.k12.az.us](mailto:Kathy.savala@phxelem.k12.az.us)

### For general conference information contact one of the following individuals:

Pam Yabeny  
Conference Co-Chair  
Phone 480-731-8744  
Email:  
[Pam.Yabeny@domail.maricopa.edu](mailto:Pam.Yabeny@domail.maricopa.edu)

Or

Suzette Johnson  
Conference Co-Chair  
Phone 480-284-0909  
Email:  
[Suzette.Johnson@Kyrene.org](mailto:Suzette.Johnson@Kyrene.org)

### For Conference Location information contact

Glendale Community College  
Phone 623-845-3089

## Hotel Reservations & Rates

Hyatt Place  
10838 North 25<sup>th</sup> Avenue  
Phoenix, Arizona 85029  
1-888-HYATT HP (492-8847)  
(602) 997-8800  
Conference Rate-**129.99 plus tax**  
▪ *Specify Group Code: G - AIPC*  
▪ *Rate includes Continental Breakfast at hotel.*

Towne Place Suites Marriott  
9425 North Black Canyon Fwy  
Phoenix, Arizona 85021  
602-943-9510  
Conference Rate -**119.00 plus tax**  
▪ *Contact Briar Richardson using phone number listed above.*  
▪ *Specify AIEA Parent Conference when making reservations*  
▪ *Rate includes Continental Breakfast at hotel.*

Spring Hill Suites Marriott  
9425 North Black Canyon Fwy  
Phoenix, Arizona 85021  
602-943-9510  
Conference Rate - **\$139.00 plus tax**  
▪ *Contact Briar Richardson using phone number listed above.*  
▪ *Specify AIEA Parent Conference when making reservations*  
▪ *Rate includes Continental Breakfast at hotel.*



## Conference Location Map & Directions

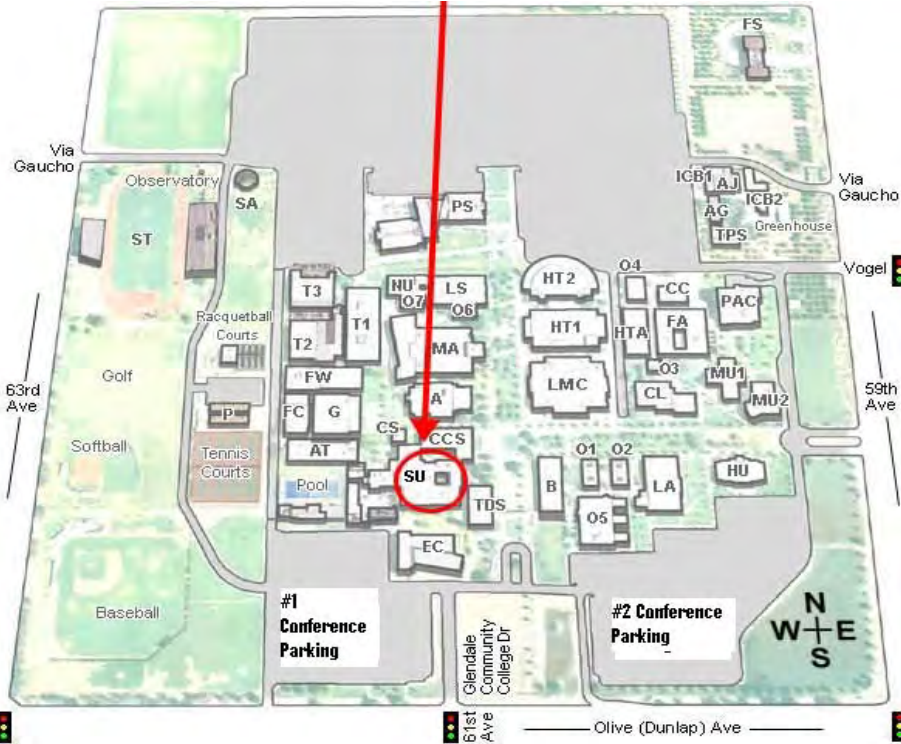


**Conference Address:**  
 Glendale Community College  
 6000 West Olive Avenue  
 Glendale, Arizona

**Directions from I-17**  
 Exit off of Dunlap Avenue  
 Head west on Dunlap Avenue  
 \*(Note – Dunlap Avenue becomes Olive Avenue as travel westward continues)

Glendale Community College is located on north side of Olive Avenue

### GLENDALE COMMUNITY COLLEGE CAMPUS MAP



**Conference Parking:**  
 Attendees can enter campus via Olive Avenue entrances.  
 There are two parking lots available to conference attendees. There is no charge for parking.

Please reference Glendale Community College Campus map for parking locations.

Main Conference gatherings will be located in Student Union.

Please note the arrow and site circled.



## 2009 AMERICAN INDIAN PARENT CONFERENCE

### REGISTRATION FORM

Name: \_\_\_\_\_

Company Name (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School District Affiliation: \_\_\_\_\_

# of Pre-registrations enclosed: \_\_\_\_\_ X \$75.00 = \$ \_\_\_\_\_ X \$85.00= \$ \_\_\_\_\_

Special Needs Request: \_\_\_\_\_

Please complete the following, if applicable. I have a disability and will need special accommodations as follows:

\_\_\_\_\_  
\_\_\_\_\_

### Release, Indemnity & Assumption of Risk

This Release, Indemnity and Assumption of Risk Statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, participation and observation associated with the 2009 American Indian Parent Conference. (AIPC)

I agree to assume the risk that unexpected events may occur that may result in harm, injury, illness, damage or loss of my property associated with my participation or observation or other items covered in this release. I agree to indemnify AIEA and not sue AIEA or other organizations and their authorized volunteers involved with AIPC activities for all damages, harm, or injuries associated with my participation, observation or travel if the harm, injury or damages is not due to negligence or fault of AIEA. I understand that AIPC activities are voluntary and I agree to accept the responsibility for my own personal safety.

I consent to the provision of emergency medical treatment for myself to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my ability to participate in any event or activity associated with AIPC activities, I agree to discuss my concerns with my own physician before signing this form.

I also authorize AIEA to film, videotape, photograph or otherwise record my participation in the 2009 American Indian Parent Conference activities and to reproduce and use the film, videotape, recordings and my name, likeness, voice and brief biographical material in connection with non-commercial promotional activities, materials, websites or in media releases related to the AIPC.

In this agreement, "AIEA" includes all entities of the Arizona Indian Education Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of emergency:** If I require emergency medical treatment, please contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_



## 2009 American Indian Parent Conference

### EXHIBITORS FORM

Arizona Indian Education Association welcomes you as a participant in the 2009 American Indian Parent Conference on March 16<sup>th</sup> & 17<sup>th</sup> at Glendale Community College located at 6000 W. Olive Avenue in Glendale, Arizona. For your protection as well as all institution's and AIEA Organization involved, we ask that you abide by the following guidelines:

- Exhibitor must register and pay conference registration fee.
- Exhibitor assumes all responsibility for loss or damages to own equipment.
- Exhibitor must supply all hardware/software needed, including extension cords. Or any other special equipment necessary.
- Exhibitor must arrange delivery and transportation of all equipment.
- Exhibitor to use booth as opportunity to pass out information pertaining to business/institution services. Selling or buying of any items **is strictly prohibited** according to GCC policy and procedures.
- Per GCC Policies & Procedures, Exhibitor must meet insurance requirements as stated on attached information sheet.

#### Check One:

Education     Health     Community/Leadership     Culture  
\_\_\_\_\_ # of tables

Name of  
Business/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

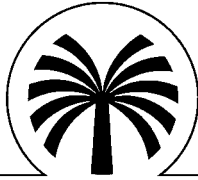
E-Mail Address: \_\_\_\_\_

Brief Description of  
Display/Exhibit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Deadline date: Monday, March 2, 2009**

Please return forms to one of the following:  
Fax: (602) 257-2837  
Mail: AIEA P.O. Box 13402 – Phoenix, Arizona  
E-mail to: [Kathy.savala@phxelem.k12.az.us](mailto:Kathy.savala@phxelem.k12.az.us)  
If you have any questions call: Kathy Savala at (602) 257-4051



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# GLENDALE COMMUNITY COLLEGE

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Student Life Office • 6000 W. Olive Avenue • Glendale, AZ 85302-3090 • 623.845.3529

## INSURANCE REQUIREMENTS FOR CONTRACTORS/VENDORS

**Contractors who wish to provide services on Glendale Community College premises, must meet specific insurance requirements before such services are rendered. Glendale Community College is a subdivision of the Maricopa County Community College District.**

1. **Indemnification.** *To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the Maricopa County Community College District (MCCCD) and its agents, officers, officials, employees and volunteers from and against all claims, damages, losses and expenses (including but not limited to attorney fees and court costs) arising from the acts, errors, mistakes, omissions, work or service of the Contractor, its agents, employees or any tier of Contractor's subcontractors in the performance of work or service.*
2. **Insurance.** *Contractor must maintain, during the period of service, insurance policies described below issued by companies licensed in Arizona with a current A.M. Best rating of A:VIII or better. Contractor must furnish the District Risk Manager with certificates of insurance evidencing the coverage, conditions, and limits required as follows:*
  - a. *Commercial General Liability insurance with a limit not less than \$1,000,000 per occurrence for bodily injury, property damage, personal injury, products and completed operations, and blanket contractual coverage, including but not limited to, the liability assumed under the indemnification provisions;*
  - b. *Automobile Liability\* insurance with a combined single limit for bodily injury and property damage of not less than \$1,000,000 per occurrence with respect to Contractor's owned, hired, and non-owned vehicles; and*
  - c. *Workers' Compensation\* insurance with limits statutorily required by any Federal or state law and Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.*

**\* If applicable**

**The Certificate Holder must be stated on the insurance certificate as:**

**MCCCD Risk Manager  
2411 W. 14<sup>th</sup> Street  
Tempe, AZ 85281-6942**

**The following must be named as additional insureds for any and all services or projects:**

**Maricopa County Community College District and its agents, officers, officials, employees and volunteers.**

**All certificates should be faxed to 623.845.3020, ATTN: Jeff Glemba, in addition to any mailings to the certificate holder.**