



GENERAL CONFERENCE INFORMATION

REGISTRATION and CALL FOR PROPOSAL

**The National Association for the Education and Advancement of
Cambodian, Laotian, and Vietnamese Americans (NAFEA)
Presents its 25th Annual Conference
April 21-23, 2005**

Seattle, Washington
Hilton Seattle Airport and Conference Center
17620 Pacific Highway South
Seattle, WA 98188
Telephone 206-244-4800
Fax 206-248-4499
www.seattleairport.hilton.com

“30 Years of Transformation: Understanding the needs of Southeast Asian Americans and Refugees”

As the 30th anniversary of the first wave of Southeast Asian Refugees in the United States, this year's conference of “*30 Years of Transformation: Understanding the needs of SE Asian Americans and Refugees.*” will address issues, challenges and opportunities facing Southeast Asian Americans and refugees today. Our objective focuses on providing the necessary training and information to those whose leadership will influence the policy makers in our State and the lives of United States citizens. Our annual conference brings together individuals from across the United States who shares a common interest in Southeast Asian American issues.

NAFEA 2005 CONFERENCE REGISTRATION FORM

Name:	Title:
Organizational Affiliation:	
Email:	
Address:	
Phone:	Fax:

Registration includes membership, 2 continental breakfasts, 3 lunches, and conference materials.			
Pre-Registration Deadline Postmarked by April 1, 2005		Registration after April 1, 2005 and On-Site Registration	
Registration	\$ 225 _____	Registration	\$ 225 _____
Registration for presenters:	\$200_____	Registration for presenters:	\$225 _____
Registration for parents/families & students (With valid student ID)	\$200_____	Registration for parents/families & students (With valid student ID)	\$225_____
Total:	_____	Total:	_____
Method of Payment:	_____	Method of Payment:	_____
(PO, cash, check only)		(PO, cash, check only)	

Please make checks/PO payable to NAFEA. Send payment and registration to:
 NAFEA 2005
 C/o Phouang Sixiengmay-Hamilton
 7424 Chinook Street NE
 Olympia, WA 98516

Hotel Room Rate

The SeaTac Hilton – Is extending to conference participants a special rate of **\$110.00** per night (plus taxes) for single occupancy. Please contact the hotel directly at 206-244-4800 for information and reservations. **In making your reservation, please be sure to mention NAFEA in order to secure the special conference rate.**

For air travel

Please use your travel agent of preference.

For further information, please contact

Phouang Sixiengmay-Hamilton, 360-725-6152 or via email: phamilton@ospi.wednet.edu or Rithy Uong rithyuong@lkh.lowell.k2.ma.us

PRESENTATION PROPOSAL FORM
Deadline for submission: March 9, 2005

NAFEA 25th Annual Conference
Hilton Seattle Airport and Conference Center
Seattle, Washington

1. TITLE OF PRESENTATION: _____

2. NAME(S) OF PRESENTER(S): In the order in which you wish them listed in the program.

	Name (Last, First)	Title/Position	Organization	Mailing Address, phone, fax, email
a	Contact Person: **			
b				

**Correspondence will go only to the Contact Person. This person will be responsible for communicating with others listed in the proposal. Please inform the Program Chair of any changes in address or telephone number.

<p>3. TYPE OF PRESENTATION: (Check ONE) <input type="checkbox"/> Research Presentation (20 min) <input type="checkbox"/> Workshop (75 min) <input type="checkbox"/> Panel Presentation (75 min)</p>	<p>4. TOPICAL STRAND: (check ONE) <input type="checkbox"/> Education <input type="checkbox"/> Community development <input type="checkbox"/> Health/mental health issues <input type="checkbox"/> Leadership/Community <input type="checkbox"/> Social services empowerment</p>
<p>5. TARGET AUDIENCE: (Check AS MANY AS APPLICABLE) <input type="checkbox"/> Social Service Providers <input type="checkbox"/> Community Leaders/Organizers <input type="checkbox"/> Educators <input type="checkbox"/> Parents <input type="checkbox"/> Other _____ <input type="checkbox"/> All Interested Groups</p>	<p>6. AUDIO-VISUAL EQUIPMENT: Please limit your request to items that are essential for your presentation. (Note: Unless otherwise requested, all rooms will be set up theater style with a head table). <input type="checkbox"/> Overhead projector <input type="checkbox"/> LCD projector <input type="checkbox"/> Other _____ <i>(There will be a charge to the presenter for AV equipment other than overhead projector, please check with Program Chair).</i></p>

7. ABSTRACT OF PRESENTATION: Your abstract should clearly describe the purpose, content, and format of your presentation (maximum 50 words).

8. BIOGRAPHICAL STATEMENT(S) FOR THE PROGRAM: Please attach biographical statements for presenters (maximum 50 words per person).

9. E-MAIL THIS FORM by MARCH 9, 2005 TO:

Phouang Sixiengmay-Hamilton phamilton@ospi.wednet.edu