

NORTH CAROLINA
MWBE
COORDINATORS' NETWORK

2009

**PROFESSIONAL DEVELOPMENT
CONFERENCE**

Registration Information

Conference Fees

Agenda

Durham, North Carolina
www.mwbecoordinators.org

EMBRACING

Growth

IN A CHANGING ENVIRONMENT

Welcome!

2009

The NC M/WBE Coordinators' Network would like to take this opportunity to solicit your support for its 23rd Annual Professional Development and Training Conference. The NC M/WBE Coordinators' Network was founded in 1986 and consists of M/WBE Program Administrators from throughout North and South Carolina representing 32 public institutions and 12 private organizations.

The Annual Conference will be held on November 12-13, 2009 in Durham, North Carolina. The theme for this year's conference is "Embracing Growth in a Changing Environment." which emphasizes a focus on the future of our organization and the M/WBE programs we administer.

Your support will assist the Network and its members in supporting the multitude of M/WDBE firms, private companies, and public institutions we serve throughout the states of North and South Carolina. This brochure outlines some of the benefits of attendance and sponsorship and how your participation will provide your firm an excellent opportunity to demonstrate your commitment to diversity and support of diversity programs. Enclosed you will find a description of the sponsorship levels and a registration form that provides information about the educational opportunities for each day.



Shelby Moorman
President

Benefits

- Gain access to purchasers
- Conference 2009 is a powerful marketing tool
- Add your company to our impressive list of supporters
- Make direct connection to decision makers
- Maximize visibility for your business
- Obtain valuable training for implementation within your organization

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Agenda

2009

Thursday | November 12

SAS Institute | RDU International Airport | Sheraton Imperial Hotel

8:00 a.m. - 12:30 p.m.	Registration
9:00 a.m. - 10:45 a.m.	The Elements and Truth About Capacity Building – Panel Discussion
10:45 a.m. - 11:00 a.m.	Break
11:00 a.m. - 12:15 p.m.	Going Green Opportunities
12:30 p.m. - 1:30 p.m.	Lunch
1:30pm - 2:45 p.m.	Value Alignment for Driving Organization Success - Part I
2:45 p.m. - 3:00 p.m.	Break
2:55 p.m. - 4:30 p.m.	Value Alignment for Driving Organization Success - Part II
6:00 p.m. – 10:00 p.m.	Welcome Reception and Network Idol at RDU

Friday | November 13

Sheraton Imperial Hotel

8:00 a.m. – 10:00 a.m.	Registration
9:00 a.m. – 12:00 p.m.	Legislative Impacts
12:00 p.m. – 2:00 p.m.	Lunch/Awards/Speaker
2:00 p.m. – 5:00 p.m.	MWBE Exhibitors Way Trade Fair

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Conference Fees & Worksheet

Individual Registration**			
		Register this item	Amount (\$)
Member	\$225/person*		
Non-Member	\$285/person*		
*\$25 discount is applied to each registration fee of groups of 3 or more individuals			
MWBE Coordinators Only!			
**Full Conference (Thursday & Friday) open to MWBE Professionals only.			
Conference Sponsors***			
		Please Check One	This package also includes:
Executive	\$10,000		10 Conference guest admissions
Platinum	\$5,000		5 Conference guest admissions
Gold	\$2,500		3 Conference guest admissions
Silver	\$1,500		2 Conference guest admissions
Bronze	\$1,000		1 Conference guest admission
Network Supporter	\$100		N/A
Title Sponsorship Opportunities***			
		Register this item	Amount (\$)
Exhibitors Way Trade Fair	\$2,000		
Program Booklet	\$1,500		
Conference Badges	\$250		
Workshops & Seminars	\$5,000		
Welcome Reception	\$3,000		
Workshops & Seminars	\$5,000		
Networking Event Fees			
		Register this item	Amount (\$)
Friday Awards Luncheon	\$40/person		
Welcome Reception	\$65/person		
Exhibitors Way Participant	\$250		
<i>Exhibitors Way Participant</i> includes one (1) Exhibit Table, Legislative Workshops and one (1) Friday Awards Luncheon admission. (MWBEs not eligible to attend Thursday training sessions.)			

***** Sponsorship, Hotel Accomodation, and**

Online Registration and payment information available at:

www.mwbecoordinators.org

(Or mail in your registration using the enclosed registration form. All conference fees are payable by check or money order. Make checks payable to *MWBE Coordinators Network*.)

2009 registration form

NC MWBE 23rd Coordinators Professional Development & Training Conference

General

1. I am registering as a: Member | New Attendee | Sponsor | Exhibitor
If you are a new attendee, would you like membership information? | Yes No
2. First name: _____ M.I.: _____ Last: _____
Title: _____
Organization: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Day phone: (| |) _____ Fax: (| |) _____
E-mail address: _____
(using e-mail helps us save mailing and materials costs)
Emergency contact: First: _____ Last: _____
Phone: (| |) _____ Relationship: _____
3. Do you have any special dietary needs? | Yes No If yes, please specify on the line below:

Do you need any special accommodations? | Yes No If yes, please specify on the line below:

4. Do you have any guest that will be attending the Conference with you? | Yes No If yes, please list them on the included form labeled "My Conference Guest".

Sponsorship Advertisements

5. Sponsorship of this event includes an advertisement in the 2009 Program Booklet. The size of your advertisement is based on your sponsorship level as indicated below. Please email your advertisements to Renee' Jones (renee.jones@skanska.com) for inclusion in the Booklet. **The deadline for ALL advertisement submissions is October 29, 2009.**

Platinum | Full Page Ad (8.5" x 11")

Silver | Half Page Ad (8.5" x 5.5")

Gold | Full Page Ad (8.5" x 11")

Bronze | Quarter Page Ad (4.25" x 5.5")

What is your Sponsorship level? | Executive Platinum Gold Silver Bronze I'm not sure

Are you submitting advertisement with your registration? **(Please be sure that it meets the requirements as stated below.)**

Yes, I have included my advertisement with my registration! No, I will email my advertisement later.

Print-Ready Ad Requirements: All submissions must be print-ready, saved at a minimum resolution of 300 dpi using CMYK color mode to ensure quality. Please include a 1/8" bleed in your document. Your ad must be submitted in one of the following file types: .eps; .pdf; .tif; .jpeg. Any submissions that do not meet these requirements will **not** be accepted.

Payment

6. Please select your method of payment: Check Money Order Please include your Conference Worksheet with your registration.

Total Amount Due: \$ _____

NOTE: Please make checks payable to **NC NWBE Coordinators Network** and mail with this form to:
NC NWBE Coordinators' Network, ATTN: Matthew Idiculla, P.O. Box 1856, Raleigh, NC 27602

All cancellation requests must be received in writing by October 9, 2009 and are subject to a \$125 cancellation fee. Registration fees are non-refundable after October 9, 2009. Please submit all cancellation requests and other financial questions regarding your registration to Mathew Idiculla (matthew.idiculla@doa.nc.gov ; Phone 919-807-2436). For all other questions regarding this Conference, please contact Renee' Jones (renee.jones@skanska.com) at 919-941-7928.

NC NWBE Coordinators' Network
P.O. Box 1856
Raleigh, NC 27602
ATTN: Matthew Idiculla
Federal Tax ID: 56-1712748

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My Conference Guests



Please include with your registration this emergency contact information form of the guests that will be attending the conference with you. Reproduce this sheet should you need multiple forms.

My Name: _____ **Page** ____ **of** ____

1. Guest Name | First: _____ Last: _____
Emer Contact | First: _____ Last: _____ Relationship: _____
Phone: (| |) _____

2. Guest Name | First: _____ Last: _____
Emer Contact | First: _____ Last: _____ Relationship: _____
Phone: (| |) _____

3. Guest Name | First: _____ Last: _____
Emer Contact | First: _____ Last: _____ Relationship: _____
Phone: (| |) _____

4. Guest Name | First: _____ Last: _____
Emer Contact | First: _____ Last: _____ Relationship: _____
Phone: (| |) _____

5. Guest Name | First: _____ Last: _____
Emer Contact | First: _____ Last: _____ Relationship: _____
Phone: (| |) _____

6. Guest Name | First: _____ Last: _____
Emer Contact | First: _____ Last: _____ Relationship: _____
Phone: (| |) _____