

Wisconsin Association for Bilingual Education 2012



Two Day Conference

Wisconsin Dells, WI

Chula Vista

2501 River Road

P. O. Box 30

Wisconsin Dells, WI 53965

1-800-388-4782

(608) 254-8366

www.chulavistaresort.com

Located just 3 miles north of Wisconsin Dells on HWY 13

March 23 & March 24, 2012
Register Early

Wisconsin Association for Bilingual Education

Call for Proposals Cut off Date is January 20, 2012

WIABE Conference on March 23-March 24, 2012 at the Chula Vista Resort in Wisconsin Dells

Please complete the attached form by January 20, 2012 and return to:

Yolanda Hernández-García or Santa Griego

WIABE

PO Box 340192

Milwaukee, Wisconsin 53234-0192

You may choose to fax the form to Yolanda Hernandez-García at (414)902-9615

Topics should relate to models of successful instruction on ESL, SAGE, Bilingual Reading Programs, Math and Special Education. You may also choose other topics of interest that are directly related to Bilingual Education.

(See examples below)

Reading and Writing in the content areas	Formative and Summative Assessments	Common Core Standards
Assessment for ELL students	Parent Involvement	Cultural Responsiveness
ESL strategies (Elem., Middle and High)	Dual Language Programs	Strategies for working with special needs students
Comprehensive Math and Science Plan (CMSP)	Team Teaching	How does Comprehensive Literacy Plan (CLP) look in a bilingual classroom (MPS)

Types of sessions:

Informational	An informational session is a presentation with some dialogue, panel or group discussion (other formats are welcomed). This might include a display of materials, a power point presentation, a video, or an overhead presentation (You must bring your own equipment).
Workshop	Hands-on activities, small group session that emphasizes an exchange of ideas (Plan on bringing 30 copies of each material).

Criteria used to evaluate proposals:

Topic	Addresses current areas of concern for educators and/or parents
Clarity	The proposal is clearly presented and includes essential information
Time	Limited to 45 minutes which would allow for a question/ answer period

If you have any questions, please feel free to contact Santa Griego at e-mail greigosx@milwaukee.k12.wi.us. You may also contact Yolanda Hernandez- García at (414)902-9610 or e-mail hernanyx@milwaukee.k12.wi.us

Hope to hear from YOU!



Wisconsin Association for Bilingual Education

Proposal Submission Form Deadline Date: Friday, January 20, 2012

If you would like to be a presenter at the 2010-11 WIABE Conference Please complete this form before **Friday, January 20, 2012** and return to:

Yolanda Hernández-García or Santa Griego,
WIABE
PO Box 340192
Milwaukee, Wisconsin 53234-0192

You may choose to fax this form to Yolanda Hernandez-Garcia at (414)902-9615

***WIABE will cover the registration cost for up to two presenters. The Presenters are responsible for the payment and arrangement of their accommodations.**

Name of person presenting: _____

Co-Presenter (If applicable): _____

Title of Session: _____

Language of Presentation: _____

School, district or organization: _____

Address where we may contact you: _____

Day phone: _____ Evening phone: _____ E-mail: _____

Intended audience (Circle all that apply)

Elementary classroom teachers	Middle/ High school teachers	Educational Assistants	Administrators
ESL teachers	Support staff	Parents	

Please write a brief (200 word approximate) description of your presentation, as you want it to appear on the program. Be clear and concise. Please print legibly or type the information.

You will be notified by, **February 10, 2012** as to whether your proposal has been accepted.



Advertising Contract for Conference Program

WIABE 2011

March 23-March 24, 2012

CORPORATION/AGENCY/SCHOOL _____

SIZE AND TYPE OF AD REQUESTED:

Check the type of ad you wish to purchase. A separate form is required for each ad. Photocopies are acceptable.

Full Page Color
8" x 10"
(may bleed)

\$200

Full Page
Black & White
8" x 10"
(may bleed)

\$100

Half Page
Black & White
8" x 5"

(no bleeds)

\$50

CONTACT PERSON TO WHOM CORRESPONDENCE REGARDING ADVERTISING SHOULD BE SENT:

Dr. Mr. Mrs. Ms. Last _____ First _____ Middle Initial _____

Company/Organization _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____ E-mail: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title : _____ Date: _____

FULL PAYMENT MUST ACCOMPANY THIS CONTRACT. Please check the method by which you are submitting payment

Check/Purchase Order/Money Order# _____

(Make check or institutional purchase order payable to "WIABE" Must include purchase order with form.)

Mail this contract with check or money order:

WIABE—PO Box 340192—Milwaukee, WI 53234-0192

WIABE reserves the right to determine the placement of all advertisements within the conference program.

Questions: Mildred Olson, WIABE Board Member —414-902-9230 or email: mildredo@boysgirlsclubs.org

DEADLINE

Contracts and artwork materials for inclusion in the **WIABE 2012 Conference Program Book** Must be received by **Friday, January 20, 2012.**



Wisconsin Association for Bilingual Education Registration Form

Two Day Conference: March 23 & March 24, 2012

Name: _____ School: _____

All Registration Fees:

This includes registration materials, bag, Friday Teacher of the Year, Opening Ceremonies & Reception. Saturday workshop sessions, keynote speaker, breakfast, lunch & banquet event, membership to WIABE for one year, exhibitors and WIABE T- Shirt Please specify Adult Size:

___S ___M ___L ___XL ___XXL ___XXXL

Please write the amount in the boxes below and total amount that you are sending.

*Please note: After January 31, 2012 you must register on site

Early Bird registration fee \$125.00 (If sent or faxed on or before Tuesday, January 31, 2012)	\$
One day Conference fee \$100.00	\$
Full-Time University Student fee \$75.00	
ON SITE Registration fee \$200.00	\$
Total amount enclosed	\$

*Please select one for Lunch and one for Dinner

(Breakfast same selection for everyone) ➔ _____ Breakfast Buffet

Lunch: _____ Chicken Marsala _____ Beef medallions Mondovi _____ Spinach Cheese Ravioli

Dinner: _____ Breast Chicken Viennese _____ Roast Sliced Turkey _____ Creamy Pesto Tortellini



Registration Form

Two Day Conference: March 23 & March 24, 2012

Please complete the following form in order to update our records and receive emails from WIABE

(Last name, first name – Please print)

Home address

City, State and Zip code

H ()

W ()

C ()

Home phone number , work phone number and cell number (include area code)

e-mail (Please submit e-mail address for future information from WIABE)

School or organization

_____ Educator

_____ Parent Coordinator

_____ Parent

_____ Administrator

_____ Other _____

Method of Payment

Make checks payable to **WIABE**

School Check# _____	Personal Check# _____
Purchase Order# _____	Other Source _____
WIABE use only	Date Received _____
	PO/Check Number _____ (init. _____)

Please submit this form with your registration form to:

Cynthia Mendoza- Corresponding Secretary

WIABE

PO Box 340192

Milwaukee, WI. 53234-0192

Tel # (414) 475-8851

Fax # (414) 475-8074

Email mendozca@milwaukee.k12.wi.us



Wisconsin Association for Bilingual Education Registration Form

Two Day Conference: March 23 & March 24, 2012

Please Note: For Additional Guest Meals Only

**A check for the amount must
be submitted with the
registration form.**

Banquet @ \$35.00 X _____ = _____

Breakfast @\$15.00 X _____ = _____

Lunch @\$20.00 X _____ = _____

**Adults Only No children at the
Banquet**

Guest Name : _____

Choices

(Breakfast same selection for everyone)  _____ Breakfast Buffet

Lunch: _____ Chicken Marsala _____ Beef medallions Mondovi _____ Spinach Cheese Ravioli

Dinner: _____ Breast Chicken Viennese _____ Roast Sliced Turkey _____ Creamy Pesto Tortellini

Guest Name : _____

Choices

(Breakfast same selection for everyone)  _____ Breakfast Buffet

Lunch: _____ Chicken Marsala _____ Beef medallions Mondovi _____ Spinach Cheese Ravioli

Dinner: _____ Breast Chicken Viennese _____ Roast Sliced Turkey _____ Creamy Pesto Tortellini



WIABE Annual (2012) Bilingual/Bicultural Educator of the Year Award

The WIABE 2012 EDUCATOR OF THE YEAR AWARD will be presented to one educator in any Bilingual/Bicultural School or School District in Wisconsin. As you consider the recommendation of a Bilingual/Bicultural educator, please adhere to the following criteria, one educator per school:

1. The educator must have serviced English Language Learners for 5 years.
2. The educator must hold a valid license from the Department of Public Instruction.
3. The educator must demonstrate exemplary skills in working with students.
4. The educator has continually evidenced self-motivation in seeking and engaging in professional growth activities related to English Language Learners.
5. The educator has continually made teaching and learning a priority for all children.

WIABE 2012 Educator of the Year Recognition Award

Based on the criteria above, I recommend the following candidate for the WIABE 2012 Educator of the Year Award.

Name of Educator: _____

Name of Person Recommending: _____ Title: _____

*Home Address: _____

Home Telephone Number: _____

School: _____ District: _____

***Please include the home address for mailing of personal invitation to honoree.**

I am recommending the above individual because: (50 words or less)

Please return to:

WIABE Educator Recognition Committee c/o Graciela de la Cruz, Chair, P. O. Box 340192 Milwaukee, WI 53234-0192 Or E-Mail to: gdelacruz3239@aol.com You may also fax your form to: Jesus Santos at 414-475-8188 Recommendation form is also available on the WIABE website @www.wiabe.org

All nomination forms must be received on or before **January 20, 2012**



Wisconsin Association for Bilingual Education (WIABE)

Registration Form
Educator of the year Awards & President's Receptions
When: March 23, 2012
Time: 7:00 p.m.
Where: Chula Vista

Additional Guest of the Educator of the Year Awards Friday's Event

Please fill this area if you are bringing a guest to Friday's event. A check payable to WIABE for the exact amount must be submitted with the registration form.

Waiting till the conference date does not guarantee your guest entrance to the event.

Educator of the year: Free

One Additional Guest: Free

Other Additional Guest @ \$10.00 X _____ = _____

Educator of the Year Name _____ FREE

1st Guest Name _____ FREE

Guest Name _____ \$10

Guest Name _____ \$10

Guest Name _____ \$10

Please return completed form with payment to Cynthia Mendoza at:

P. O. Box 340192
Milwaukee, Wisconsin 53234-0192
mendozca@milwaukee.k12.wi.us
Fax: (414) 475-8074



Wisconsin Association for Bilingual Education

Tony Baez Advocacy Award

COURAGE, VISION, LOVE

Nomination Form

NOMINEE: _____
ADDRESS: _____
PHONE NUMBER: _____
EMPLOYER: _____
TITLE: _____

NOMINATOR: _____
ADDRESS: _____
PHONE NUMBER: _____
EMPLOYER: _____
TITLE: _____
HOW LONG HAVE YOU KNOWN THE NOMINEE? _____

Please write a narrative of 500 words or less that highlights the nominee's contributions to education or the well being of Society (i.e., reasons why the nominee should receive the award). Include, if known, a summary of the nominee's:

- views, skills, leadership abilities, collaboration with others, etc.;
- professional and academic background information;
- personal virtues that merit recognition, if appropriate; and
- commitment to any humanitarian causes and other endeavors, any type of philanthropic contributions, and/or other worthwhile deeds that meet the nomination criteria.

Completed nomination form must be e-mailed, mailed or faxed by **January 20, 2012** to:
 Felipe Rodríguez: felipe@uwm.edu
 Yolanda Hernandez-García: hernanyx@milwaukee.k12.wi.us
 Fax: (414)902-9615
 P. O. Box 340192
 Milwaukee, Wisconsin 53234-0192

- Nomination Criteria on the back -



Wisconsin Association for Bilingual Education

Tony Báez Advocacy Award

Nomination Criteria

The Tony Baez Advocacy Award nominee is recognized for his/her successful efforts in the promotion of one or more of the following: education, employment, health, community welfare, volunteerism, arts, and the improvement in the quality of life for children, senior citizens, people with disabilities, and/or underrepresented racial/ethnic groups.

The ideal candidate will have distinguished him/herself, for several years, in the promotion of at least one of the following altruistic endeavors:

- Advocacy for educational opportunities for children to foster their individual learning potential; and/or the rights of children to grow up in a nurturing, protective, and stimulating environment.
- Leadership in the promotion of adult literacy, self-sufficiency, and other endeavors (e.g., medical research, food donation, volunteerism, service provision, etc.).
- Contribution of ideas or economical resources for enrichment of the arts or quality of life in the community.
- Promotion of humanitarian causes that enable challenged individuals to overcome social barriers (such as promotion of accessibility for people with disabilities to public offices), and/or working toward overcoming barriers that inhibit a life with dignity.
- Promotion of democratic principles, social justice, and independent living.
- Advocacy role in the promotion of fair employment opportunities at all levels.
- Involvement in philanthropic contributions to improve human conditions.

Please note that previous winners, current MPS personnel, current heads of community-based and faith-based organizations do not qualify for this award. MPS personnel are eligible for this award after retirement.



Wisconsin Association for Bilingual Education

Conference Dates: March 23-March 24, 2012
(Cutoff date for the room block February 17, 2012)

Conference Attendees Tower Accommodation Rates:
Friday, March 23 and Saturday, March 24: \$119 per night
Guest Rooms with Two Queen Beds can accommodate up to 6 people
Guest Rooms with One King Bed are limited

RESERVATION PROCEDURE/INDIVIDUAL RESERVATIONS:

Reservations can be made by calling the toll-free Reservations Department at **1-855-482-8790**. Call no later than February 17, 2012. Resort Services accepts the following cards:

Visa / MasterCard / American Express / Discover

Preferred Method: Individuals paying for room, tax, and incidentals charges will be required to furnish a deposit equal to the first night room rate plus tax.

Reservation Cancellations: Individuals paying for their room, tax and incidental charges or supplying a group rooming list must be sure cancellations are received by 11:00am 3 days prior to the arrival date to receive a refund of the deposit. Cancellations by phone outside the 3-day cancellation period receiving a deposit refund will receive a cancellation number. Reservations made during the 3-day cancellation period are non-refundable.

Purchase Orders: Purchase orders and checks should include names of guests, confirmation number, arrival and departure date and school information. A current copy of the WI State Tax Exempt Certificate or Continuous Form can be faxed with the purchase order to (608) 254-4157 or can be mailed to:

Kelly Nelson
Chula Vista Resort
P.O. Box 30
2501 N. River Road
Wisconsin Dells, WI 53965



CUT OFF DATE: 2/17/2012. After this date, excess rooms not reserved by a rooming list or individual reservations shall be released from Group's room block and Hotel may contract with other parties for the use of such rooms. Hotel will continue to accept reservations from Group's attendees after that date subject to availability.

CHECK-IN/OUT TIME:

Please advise your guests that check-in time is **4:00 PM** and check-out time is **10:30 AM**. Guests arriving prior to **4:00 PM** will be assigned accommodations as they become available.

