

# **Wisconsin Association for Bilingual Education**



**2010**

**Two Day Conference**

**will be held in**

**Sheboygan, Wisconsin**

**at**



**725 Blue Harbor Drive  
Sheboygan, Wisconsin 53081  
(902) 454-2900 ext. 550  
blueharborresort.com**

**April 30 & May 1, 2010**

**Register Early**

# Wisconsin Association for Bilingual Education

## Call for Proposals Cut off Date is February 13, 2010

**WIABE Conference on April 29-May 1, 2010 at the Blue Harbor Resort in Sheboygan**

**Please complete the attached form by February 12, 2010 and return to:  
Yolanda Hernández or Antonio Rodríguez**

**WIABE**

**PO Box 340192**

**Milwaukee, Wisconsin 53234-0192**

*You may choose to fax the form to Yolanda Hernandez 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 | CABS for 2 <sup>nd</sup> language learners | Getting students ready for the WKCE                     |
| Assessment for ELL students              | Parent Involvement                         | Cultural Responsiveness                                 |
| ESL strategies (Elem., Middle and High)  | Dual Language Programs                     | Strategies for working with special needs students      |
| Mathematics & Science Instruction        | Classroom Management                       | Ideas for teaching constructed response for mathematics |

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 Antonio Rodríguez at e-mail [rodrigax@milwaukee.k12.wi.us](mailto:rodrigax@milwaukee.k12.wi.us). You may also contact Yolanda Hernandez at (414)902-9605 or e-mail [hernayx@milwaukee.k12.wi.us](mailto:hernayx@milwaukee.k12.wi.us)

Hope to hear from **YOU!**

# Wisconsin Association for Bilingual Education

## Proposal Submission Form

**Deadline Date: Friday, February 12, 2010**

If you would like to be a presenter at the 2009 WIABE Conference Please complete this form before **Friday, February 12, 2010** and return to:

**Yolanda Hernández or Antonio Rodríguez,  
WIABE  
PO Box 340192  
Milwaukee, Wisconsin 53234-0192**

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

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.

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You will be notified by, March 12, 2010 as to whether your proposal has been accepted.



**WIABE 2010**  
**April 29 & May 1**

## **ADVERTISING CONTRACT FOR CONFERENCE PROGRAM**

**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<br>Color      |
| 8" x 10"<br>(may bleed) |

**\$200**

|                         |
|-------------------------|
| Full Page<br>B&W        |
| 8" x 10"<br>(no bleeds) |

**\$100**

|                        |
|------------------------|
| Half Page<br>B&W       |
| 8" x 5"<br>(no bleeds) |

**\$50**

### **CONTACT PERSON TO WHOM CORRESPONENCE 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 to:

**WIABE - PO Box 340192 – Milwaukee, WI. 53234-0192**

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

Questions: Wanda Varela-Katz, WIABE Board Member – 414-304-6705 or email: [varelawi@milwaukee.k12.wi.us](mailto:varelawi@milwaukee.k12.wi.us)

### **DEADLINE**

Contracts and artwork materials for inclusion in the **WIABE 2010 Conference Program Book**  
Must be received by **Friday, February 26, 2010**

Wisconsin Association for Bilingual Education  
**31 years of WIABE** Registration Form  
**Two Day Conference: April 30 & May 1, 2010**

**PRE-registration Fees: (Postmarked / Faxed on or before February 5, 2010)**

|                 |   |
|-----------------|---|
| <b>\$150.00</b> | <b>This includes registration materials, bag, Friday Teacher of the Year, Opening Ceremonies &amp; Reception. Saturday workshop sessions, keynote speaker, breakfast, lunch &amp; banquet event, membership to WIABE for one year, exhibitors and WIABE Anniversary Shirt Please specify Adult Size:<br/>         ___S ___M ___L ___XL ___XXL ___XXXL</b> |
|-----------------|---|

**LATE Registration Fees:  
 (Postmarked / Faxed after February 5, 2010)**

|                 |  |
|-----------------|--|
| <b>\$175.00</b> | <b>This includes late registration materials, bag, Friday Teacher of the Year, Opening Ceremonies &amp; Reception. Saturday workshop sessions, keynote speaker, breakfast, lunch &amp; banquet event, membership to WIABE for one year, and exhibitors</b> |
|-----------------|--|

**ON SITE Registration Fees**

|                 |  |
|-----------------|--|
| <b>\$200.00</b> | <b>This includes on site registration materials, Friday Teacher of the Year, Opening Ceremonies &amp; Reception, Saturday workshop sessions, keynote speaker, meals and banquet event, membership to WIABE for one year, and exhibitors.</b> |
|-----------------|--|

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

|  |    |
|--|----|
| <b>PRE-registration fee \$150.00</b><br>(If sent or faxed on or before <b>Friday, February 5, 2010</b> ) | \$ |
| <b>LATE registration fee \$175.00</b><br>(If sent or faxed <b>AFTER Friday, February 5, 2010</b> )       | \$ |
| <b>ON SITE Registration fee \$200.00</b>   | \$ |
| <b>Total amount enclosed</b>   | \$ |

**\*Please select one for Lunch and one for Dinner**

(Breakfast same selection for everyone)      \_\_\_ Breakfast

**Lunch:**                      \_\_\_ Grilled Chicken Salad                      \_\_\_ Prime Rib Sandwich

**Dinner:**                      \_\_\_ Herb Roasted Chicken                      \_\_\_ Braised Beef Tips                      \_\_\_ Veggie

Wisconsin Association for Bilingual Education  
*31 years of WIABE* Registration Form  
**Two Day Conference: April 30 & May 1, 2010**

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 ( )

\_\_\_\_\_  
Home phone number and work phone number (include area code)

\_\_\_\_\_  
e-mail

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

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**WIABE use only**

Date Received \_\_\_\_\_

PO/ Check Number \_\_\_\_\_

(init. \_\_\_\_\_)

**Please submit this form with your registration form to:**

**Cyndy Mendoza- Corresponding Secretary**

**WIABE**

**PO Box 340192**

**Milwaukee, WI. 53234-0192**

**Tel # (414) 875-6410**

**Fax # (414) 875-6415**

**Email [mendoza@milwaukee.k12.wi.us](mailto:mendoza@milwaukee.k12.wi.us)**

Wisconsin Association for Bilingual Education  
**31 years of WIABE** Registration Form  
**Two Day Conference: April 30 & May 1, 2010**

**For Additional Guest Meals Only**

|  |   |
|--|---|
| <p>Please fill this area if you are bringing a guest to the breakfast, lunch or evening banquet. A check for the amount must be submitted with the registration form. Waiting till the conference does not guarantee your guest a meal</p> | <p><b>Banquet @ \$35.00 X</b> _____ = _____</p> <p><b>Breakfast @\$15.00 X</b> _____ = _____</p> <p><b>Lunch @ \$20.00 X</b> _____ = _____</p> <p style="text-align: center;"><b>Adults Only No children at the Banquet</b></p> |
|--|---|

Guest Name \_\_\_\_\_

**Choices**

(Breakfast same selection for everyone) \_\_\_\_\_ Breakfast

**Lunch:** \_\_\_\_\_ Grilled Chicken Salad \_\_\_\_\_ Prime Rib Sandwich

**Dinner:** \_\_\_\_\_ Herb Roasted Chicken \_\_\_\_\_ Braised Beef Tips \_\_\_\_\_ Veggie

Guest Name \_\_\_\_\_

**Choices**

(Breakfast same selection for everyone) \_\_\_\_\_ Breakfast

**Lunch:** \_\_\_\_\_ Grilled Chicken Salad \_\_\_\_\_ Prime Rib Sandwich

**Dinner:** \_\_\_\_\_ Herb Roasted Chicken \_\_\_\_\_ Braised Beef Tips \_\_\_\_\_ Veggie





**WIABE Membership Registration**  
(WIABE Membership runs annually)  
**PLEASE PRINT CLEARLY!**

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

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

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

Affiliation (School, Company): \_\_\_\_\_

Phones: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Interests: Check all applicable**

Preschool \_\_\_ Elementary \_\_\_ Middle \_\_\_ Secondary \_\_\_ Higher Ed \_\_\_ Parent/Caregiver \_\_\_

Refugee's \_\_\_ Tech College \_\_\_ Adult Basic Ed \_\_\_ Technology \_\_\_ Bilingual Ed \_\_\_

Program Administration \_\_\_ Other \_\_\_\_\_

\_\_\_ Check here if you do NOT want your name included on the annual WIABE web page.

**MEMBERSHIP FEES:**

**Regular Membership**

(\$25.00 - 1 year - Full year membership includes staff development, social gatherings, informative emails and other WIABE events.

**Full-time Students or parent/caregiver (not an MPS employee)**

(\$15.00 - 1 year - Full year membership includes staff development, social gatherings informative emails and other WIABE events.

**AMOUNT ENCLOSED \$** \_\_\_\_\_

**NOTE: Student MUST BE VERIFIED BY ADVISOR or SUPERVISOR**

**Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make check payable to **WIABE** and mail to:

Mildred Olson, Membership Secretary  
P.O. Box 340192  
Milwaukee, WI 53234-0192

Any questions?  
email: mildredo@boysgirlsclubs.org

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**WIABE USE ONLY**

Date Received \_\_\_\_\_

Check No. \_\_\_\_\_



Blue Harbor Resort and Conference Center  
725 Blue Harbor Drive  
Sheboygan, Wisconsin 53081  
PH: 920-452-2900  
1-866-709-1941

## WISCONSIN ASSOCIATION OF BILINGUAL EDUCATION CONFERENCE

Conference Dates: April 30-May 1, 2010  
**(Cutoff date for the room block March 31, 2010)**

Note: One form for each guestroom reservation

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

School or Organization: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Adult Guest Name: \_\_\_\_\_ Share with Adult Guest Name: \_\_\_\_\_

### Conference Attendees Run of House Rates:

\$65 Thursday, April 29; \$109 Friday & Saturday nights

\_\_\_ Guest Room with Two Queen sized Beds

\_\_\_ Guest Room with One King Size Bed (limited avlb)

\*\*\*Per Diem rates are only for state employees with current State ID and or representative of schools being paid thru school funds.

Group rates in run of house suites are up six occupants for run of house suites; boathouse suites up to seven occupants, loft suites 8 occupants, Captain's Suites 8 occupants, Presidentials up to 10 occupants. 4 waterpark passes will be distributed for run of house suites; 6 for lofts suites & Captain's Suite; 10 for Presidential Suites. Additional waterpark passes are available for \$15 per waterpark pass per day.

### **RESERVATION PROCEDURE/INDIVIDUAL RESERVATIONS:**

Reservations can be made by calling the toll-free Reservations Department at **1-866-701-2583** by 3/29/2010.

**CONFERENCE BLOCK:** Identify as members of the Group # **7A91P5**. Wisconsin Association for Bilingual Education (WIABE)

**Preferred Method:** All reservations must be guaranteed by a first night room deposit or guaranteed with a major credit card. Each individual has up to 72 hours prior to arrival date to cancel the individual room with a \$25.00 cancellation fee per room. If the individual cancels the room within 72 hours of the arrival date, 100% of the first night's room rate plus tax will be charged to the individual's credit card or taken from the deposit. This cancellation clause applies only to the cancellation by an individual of a room.

Guests making reservations with a credit card for first night's lodging deposit can also make their reservation by visiting [www.blueharborresort.com](http://www.blueharborresort.com). Click to the "Reservations" page, and then enter the dates, number of guests and the group code: **7A91P5**

**Purchase Order:** Reservations can be guaranteed with a purchase order for payment upon arrival. Purchase order and check should include names of guests (confirmation number if available), arrival/departure date and school information. A current copy of the Tax Exempt information/certificate should also be sent with purchase order.

**CUT OFF DATE: 3/29/2010.** After this date, rooms not covered by a rooming list/individual reservation 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 at the group room rate, subject to availability

**CHECK-IN/OUT TIME:**

Please advise your guests that check-in time is **4:00 PM** and check-out time is **11:00 AM**. Guests arriving prior to **4:00 PM** will be assigned accommodations as they become available.

**GROUP ROOM RATES:**

Resort suite rates are subject to \$5.00 per night Resort Services Fee plus applicable state and local taxes (Currently 13%).

Resort Services Fee includes unlimited access to high speed, wireless internet service; USA Today newspaper; local and outgoing 800 telephone calls; in-room coffee, unlimited access to Ship Shape Fitness Center and incoming/outgoing facsimile service.

\_\_\_ Visa      \_\_\_ Mastercard      \_\_\_ American Express      \_\_\_ Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Purchase Order # (from school) \_\_\_\_\_

Tax Exempt Number \_\_\_\_\_ \*If tax exempt, must pay with organization check by April 14, 2010.

**Fax** completed forms to: 920-457-9804

or

**Mail** completed forms to:

Attention: Group Reservations WIABE  
Blue Harbor Resort and Conference Center  
725 Blue Harbor Drive  
Sheboygan, Wisconsin 53081