

**New York State
FCS Professional Development
FCCLA Summer Leadership Training**

**State University College, Oneonta, NY
July 28-31, 2008**

- Date** Monday, July 28, 1:00 p.m. through noon on Thursday, July 31, 2008
- Place** SUNY, College at Oneonta
Morris Hall Conference Center Meeting Rooms
Higgins Hall Dorm Rooms
- Contacts** NYS AFCSE:
Dodi Cechnicki
536 W Lykers Road, Canajoharie, NY 13317
Phone: 518-673-2104 (H) 518-573-2790 (C)
E-mail: dodi.cechnicki@gmail.com
NYS FCCLA:
Peg Helt
506 Lakeview Drive, Endicott, NY 13760
Phone: 607-754-2395 (H) 602-363-1835 (C)
E-mail: nysfha@aol.com / Website: www.nysfccla.org
Morris Conference Center Main Office: 607-436-2184
College Emergency number after office hours: 607-436-2134
- Cost** Package price: \$200 per person for room, meals and registration. Monday-Thursday
- PDU Day • Registration \$35
 • Meals /room (see registration form for details)
- A&A • Meals/Room (see registration form for details)
- Highlights** Tuesday – PR Summit, Alumni & Associates Day, Board Meeting
Tuesday evening dinner and activity at Brook’s
Wednesday – Professional Development
Workshops, mixers, projects, outreach, district meetings, FUN
- Bring** Food Clothes and Personal Items
 Snacks Comfortable shoes, informal clothes
 Beverages One outfit suitable for restaurant meal
 Soap/shampoo/personal items, extra towel
 Cell phone, phone card or change
 Notebook / Paper / Pen
 Fan (optional), flashlight

CHECKLIST

- _____ Send **Registration / Permission form** for each person’s reservation by **June 20th** to Peg Helt at:
 E-mail: nysfha@aol.com or phelt@nysfccla.org
 Phone 607-754-2395
 506 Lakeview Dr., Endicott, NY 13760
- _____ **Payment by July 10th** (if not sent with registration form)
- _____ Student Medical Form and Conduct Code (if not on file from State or National meeting)

REGISTRATION / PERMISSION FORM
FCS Professional Development
FCCLA Summer Leadership Training

Return by **June 20, 2008** to: Peg Helt
 506 Lakeview Drive, Endicott, New York 13760
 E-mail: nysfha@aol.com Phone: 607-754-2395

_____ Advisor	_____ State Officer	DISTRICT # _____
_____ FCS Teacher	_____ State Officer-Elect	
_____ Other Adult	_____ Junior Leader	
_____ Alumni & Associates	_____ District President or Representative	
	_____ Other Student	

Name _____
 Home Address _____
 Home Phone _____ E-mail _____
 School Name _____

STUDENT SECTION:

Student will be traveling with _____
 (advisor or chaperone's name)

- My parents have seen the Summer Leadership information and they have authorized my attending
- I agree to be responsible to my chaperone at all times and not leave the group without a chaperone
- I have completed Conduct Code /Health forms _____ on file _____ enclosed
- Yes, I have permission to attend dinner off campus at Brooks

Signatures Student _____
 Parent _____
 Advisor/Chaperone _____

PAYMENT

Package	Registration, Room & Meals, Monday-Thursday	\$200	
PD Day	Registration	\$35	
	Tuesday	Wednesday	
PD & AA:	Room .	x	\$20
	Breakfast	x	\$10
	Lunch	x	\$10
	Dinner	x	\$15

TOTAL DUE \$ _____

- Payment Enclosed (check made out to: **NYSFCCLA**)
- I will send payment by July 10, 2008.