



American Association of University Women of Connecticut

Fall 2017

***Women's Empowerment Conference: Embracing Your Courage,
Finding Your Voice***

Friday, October 13, 2017

8:15 a.m. - 3:00 p.m.

**University of Connecticut School of Law
Hartford, CT**

Registration fee - \$15.00 per person includes morning refreshment and lunch.

FREE registration for 2 students/school; \$10.00 each additional student

Bonus opportunity to help a woman entering the workforce and make room in your closet! Donate a gently used pant suit or blouse to **Dress For Success Hartford**. Items must be in good repair and clean.

**For information or questions please contact Karen Grava
203-932-7246 or email**

Registration Now Open

Name (as you prefer it for the name badge) Please include student names here if you are with a student group or sponsoring any students. See note below.

Student _____

Student _____

Email: _____ **Phone:** _____

College/University/AAUW Branch:

Total Amount: \$ _____

NOTE: Students should fill out an individual registration form with their contact information. The first 2 are free and the others can pay or be sponsored for the \$10/pp fee.

Please indicate which workshops you will be attending

Session I

10:15am Concurrent Workshop Sessions I

A Deeper in Debt: Women and Student Loans

B Living A Less Stressed, More Flourishing Life

Session II

11:30am Concurrent Workshop Sessions II

A Immigration Policy and its Effects on College Campuses

B Embraceable Me....Uncovering and Communicating Your Most Valuable Resource

Session II-C Implications for Women: State and Federal Policies Regarding Children and Families (ie ACA)

For questions on payments, contact Ms Smith at 860-573-5371.

*** Please indicate any special or dietary needs so that we may accommodate you.

Vegetarian _____ Vegan _____ Gluten- free _____

Other (please specify) _____

To register online go to <http://www.ccsu.edu/AAUW Workshop>

Check or credit card payment:

_____ Enclosed check in the amount of \$_____ payable to **AAUW-CT**.
Mail check to Shannon Smith 42 Smith Farm Road, Amston, CT 06231

_____ Charge my credit card (circle one) Amex Visa MasterCard

Credit card # _____ Security code _____

Exp. Date _____

Authorized signature: _____

Deadline: Monday, October 6, 2017