

**WISCONSIN WOMEN OF COLOR
NETWORK, INC.**

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Visit Our Web Site:
www.womenofcolornetwork-wis.org

“The Best Protection Is Early Detection”

**ANNUAL EMPLOYMENT &
TRAINING CONFERENCE**



**BREAST CANCER AWARENESS
EARLY DETECTION, SURVIVAL
AND SUPPORT**

Saturday, October 3, 2009
10:00 a.m. – 2:45 p.m.
DoubleTree Hotel
525 West Johnson Street
Madison, WI 53703

In observance of October as the Breast Cancer Awareness Month, the Wisconsin Women of Color Network, Inc. will hold its Annual Employment and Training Conference on Saturday, October 3, 2009, 10:00 A.M. – 2:45 P.M. at the DoubleTree Hotel, 525 West Johnson Street, Madison, WI 53703

PROGRAM

Lisa Tiger, *Emcee*

10:00 a.m. Registration, Networking, Business Card Exchange

PLENARY SESSION

10:30 a.m. Welcome & Introductions by Sadie M. Pearson, WWOCN President

Inspirational Poem by Nadiya Rojas

*11:00 a.m. “BREAST CANCER AWARENESS: EARLY DETECTION, SURVIVAL, AND SUPPORT”: Keynote Speaker: (To be confirmed)

11:45 a.m. Networking

12:00 Noon LUNCHEON

Recognition of Women of Achievement Awardees

- Brenda Brown, *African American*
- Rachel DiAnne McKinsey, *African American*
- Alice Skenandore. *American Indian*
- Kabzuag Vaj, *Asian*

- Lilliam Post, *Latina*

Presentation of Scholarship Recipients

- Mabel Smith Memorial Scholarship
- Cammer-Hill Grant
- Youth Achievement Award

1:15 p.m. Networking

1:30 p.m. Round Table Discussions focusing on information and education to create awareness that early cancer detection can save lives. Representatives from agencies and organizations that provide Breast Cancer Awareness and Support are invited to lead the discussions. Women who have survived Breast Cancer are invited to share their life experiences.

2:30 p.m. Entertainment: Youth Participants from Today Not Tomorrow, Inc.

2:45 p.m. Closing

This conference is made possible with support from the Wisconsin Well Woman Program.

PLEASE COMPLETE THE REGISTRATION FORM ON THE NEXT PAGE.

Contact Persons:

P. Emraida Kiram: (414) 229-4277

Addrena Squires: (608) 257-1552

REGISTRATION FORM

___ I would like to join you on October 3, 2009

Please make your check payable to: **WWOCN** and mail to P.O. Box 2337, Madison, WI 53701

_____ Members & guests @ \$25.00 each

_____ Children under 12 years @ \$12.00 each

_____ Scholarship Requested

_____ I cannot attend, but here's my donation for your program

TOTAL ENCLOSED \$_____

RESERVATION DEADLINE:
SEPTEMBER 29, 2009

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

