

# \* GENERAL ASSISTANCE SEMINARS 2010\*

## \*CONTINUING EDUCATION ONE DAY SESSION\*

This is the ONLY official GA training recognized by the Township Officials of Illinois.

### AGENDA

- **Budgeting**
- **Medical**
- **SSI / Social Security**
- **Record keeping & Freedom of Information Act**
- **Ask an Attorney – Q&A**

#### DATES AND LOCATIONS.... 8:30 am – 4 pm

Thursday April 29	Bloomington	Chateau	(309) 662-2020
Thursday May 20	Rockford	Rockford Radisson	(815) 226-2100
Thursday June 17	O'Fallon	Regency Conference Center	(618) 624-4499

COST: \$125 per person

WHAT IS PROVIDED: Course materials, morning coffee and rolls, lunch, soft drinks, water, etc.

RESERVATIONS: Limited reservations are on a first-come basis. You may sign up for any location, but once the limit has been reached for a particular location, those seminar reservations will be closed.

DEADLINE FOR GATI REGISTRATION WILL BE 30 DAYS PRIOR TO DATE OF GATI.

PAYMENT: Prepayment is required and must be received to guarantee reservations. Checks must be payable to the "General Assistance Training Institute" or "GATI" and must be accompanied by the completed reservation form below. Please type or print. Any checks not in the correct amount or not accompanied by a reservation form containing the requested information will be returned. Reservations will be confirmed in writing with further information approximately 14 days prior to a seminar.

CANCELLATIONS: Cancellations must be received two weeks prior to the reserved seminar to obtain a refund.

OVERNIGHT ACCOMMODATIONS are the responsibility of individual seminar participants.

The GATI committee urges all supervisors to make sure they have the current **General Assistance Handbook**. You can order this through Township Officials of Illinois' *Township Perspective*. The form is in the back of each issue.

**CHECKS and RESERVATION FORM should be sent to:**

*General Assistance Training Institute*  
c/o Melani Sepich, Supervisor  
Canton Township  
1013 West Locust Street  
Canton, IL 61520  
Phone 309-647-0124

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**GATI RESERVATION REQUEST**  
Please type or print and fill out completely

**Township:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Total Number of reservations requested:** \_\_\_\_\_

**Date/Locations of seminar:** \_\_\_\_\_

<b>FULL NAME</b>	<b>TITLE</b>
_____	_____
_____	_____
_____	_____

**Name and telephone number of contact person:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Address to which reservations confirmation(s) should be mailed:** \_\_\_\_\_

**List any special needs** \_\_\_\_\_