

* GENERAL ASSISTANCE SEMINARS 2014*

CONTINUING EDUCATION ONE DAY SESSION

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

AGENDA

The GATI continuing education will address recordkeeping, what to do if your GA applicant/recipient is applying for SS disability/SSI, Budgeting, Emergency Assistance and an opportunity to ask our GATI Attorney John Redlingshafer your questions. This session goes into more depth than the Fundamental GATI sessions so please plan to attend.

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

Thursday, March 6	Effingham	Keller Convention Center 1301 Avenue of Mid America	(217) 347-5115
Thursday, March 20	Bloomington	The Chateau 1601 Jumer Drive	(309) 662-2020
Thursday, April 10	Rockford	Giovanni's Convention Center 610 N Bell School Road	(815) 398-6411

COST: \$125 per person

RESERVATIONS: Limited to 3 reservations per township. Prepayment is required and must be received to guarantee reservation.

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

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.

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
E mail: msepich@sbcglobal.net

GATI RESERVATION REQUEST
Please type or print and fill out completely

Township: _____ County: _____

Total Number of reservations requested: _____

Date/Locations of seminar: _____

FULL NAME	TITLE
_____	_____
_____	_____
_____	_____

Name and telephone number of contact person: _____

E-mail address: _____

Address to which reservations confirmation(s) should be mailed: _____

List any special needs: _____

Is there a specific question you would like to be addressed? _____

