**12TH ANNUAL AGENCY CONFERENCE DAY**

 **Fuel for a Healthy Future!**

Friday, October 5, 2018

8:15am – 2:00pm

Hilton Long Island

598 Broadhollow Road

Melville, NY 11747

***Featuring Panel Discussion***

Rebecca Sanin, Health & Welfare Council of LI

Anastasia Schefers, Cohen Medical Center

 United Health Care

Dr. Jessica Rosati, Long Island Cares

**Session 1**

**10:15 am—11:15 am**

1. ***Food Safety*** – *Food Safety training for soup kitchens and food pantries. This class will cover the basics of safe food handling and have many of your questions answered.* **meets HPNAP & LI Cares requirements for annual Food Safety training.**
2. ***FUNDRAISING 101 -*** *WHAT DO YOU REALLY NEED? WHAT TYPE OF FUNDRAISING SHOULD YOU BE DOING? THIS SESSION WILL PROVIDE “THE BASICS”, STARTING WITH A NEEDS ASSESSMENT AND A FUNDRAISING PLAN FOR YOUR ORGANIZATION. DEVELOP STRATEGIES TO GET WHAT YOU NEED!*
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**Session 2**

**11:25 am—12:25 am**

***D.******Your Voice Matters! -*** *Advocating more effectively for your clients and organization during an election year. Topics include SNAP, TEFAP, HPNAP, social media, and voter registration.*

***E.*** ***WHAT’S IN YOUR PANTRY? -*** *Having difficulty getting your clients to select and take home healthy food items from your food pantry? Come learn all about our healthy pantry initiatives such as our new CHOP system and the JSY program.***Meets hpnap recommendation for annual nutrition workshop.**

***F.*** ***Civil rights training –*** *USDA REQUIRES THAT ALL PROGRAMS DISTRIBUTING OR USING TEFAP FOODS ATTEND AN ANNUAL CIVIL RIGHTS TRAINING.* **MEETS USDA & LI CARES REQUIREMENT FOR ANNUAL CIVIL RIGHTS TRAINING.**

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Nancy Bern Award

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Nominate an outstanding volunteer from your organization. Just send us a note and include the name of the nominee; your name; agency name & ID #. Be sure to include special skills that your volunteer has demonstrated; what they do for your organization and how they have made a difference.

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each attendee, please provide the following information below. Select two workshops by entering the corresponding letters. Indicate your meal choice: C-Chicken; M-Flank Steak; S-Salmon; P-Pasta

**Attendee # 1**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_Session 2:\_\_\_\_\_\_\_\_\_\_\_\_\_Meal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendee # 2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_Session 2:\_\_\_\_\_\_\_\_\_\_\_\_\_Meal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendee # 3:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_Session 2:\_\_\_\_\_\_\_\_\_\_\_\_\_Meal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-registration is $40.00 per person for Food Bank members and $45.00 for non-members.

$50.00 – Door/Late Registration. Please enter the number of attendees and amounts below.

# Attendees \_\_\_\_\_ x $40.00 (Members) $\_\_\_\_\_\_\_\_

# Attendees \_\_\_\_\_ x $45.00 (Non-Members) $\_\_\_\_\_\_\_\_

Check Enclosed \_\_\_\_\_\_\_Credit Card Payment \_\_\_\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard\_\_\_\_\_

American Express\_\_\_\_\_\_\_\_

Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to: LI Cares, Inc.; 10 Davids Drive; Hauppauge, NY 11788

REGISTRATION

**RSVP: BY SEPTEMBER 30, 2018**

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_Session 2:\_\_\_\_\_\_\_\_\_\_\_\_\_Meal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendee # 2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_Session 2:\_\_\_\_\_\_\_\_\_\_\_\_\_Meal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendee # 3:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_Session 2:\_\_\_\_\_\_\_\_\_\_\_\_\_Meal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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