

# PART-TIME

**NOVEMBER 7  
2009**

# SYMPOSIUM



This event will give Part-Time faculty the tools to survive in this current budgetary crisis. Workshops will empower you on the following; advocacy, retirement, teaching & learning, EDD and much more. All sessions will be conducted in an interactive format with opportunity for your input, questions and brainstorming.

**San Francisco City College, Downtown Campus  
88 4th Street @ Mission, San Francisco  
8:30AM - 4:00PM  
(415) 267-6500**

#### **Workshops to Include:**

- + Advocating for Part-Time Success
- + Surviving Retirement
- + Part-Time Survival Tools
- + Surviving Unemployment
- + And much more!

#### **Who Should Attend?**

All Part-Time faculty are urged to attend; Full-Time faculty are also welcome.

**FACCC Member: \$40.00 + Nonmember: \$50.00**

**REGISTER ONLINE AT:**

**[WWW.FACCC.ORG](http://WWW.FACCC.ORG)**





**2009 Part-Time Symposium**  
**November 7, 2009**  
**San Francisco City College, Downtown Campus**  
**88 4<sup>th</sup> Street @ Mission, San Francisco**

**Registration Form**

You may register online at [www.faccc.org](http://www.faccc.org), or complete this form and fax to (916) 447-0726.

**1. Your Information**

Name \_\_\_\_\_  
 Discipline \_\_\_\_\_ Campus \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

**2. Special Accommodations Requested**

(Vegetarian, Wheel Chair Access, Hearing Impaired, Other) \_\_\_\_\_

**3. I plan on attending:**

Breakfast (included)  
 Lunch (included)

**4. Membership Status**

Yes, I am a FACCC Member (discounted rate)  
 No, I am not a FACCC Member  
 I would like to join FACCC today & pay a discounted member rate

**5. Fee Schedule (Continental Breakfast & Lunch Included)**

FACCC Members (check one)  \$40.00  
 Non Members (check one)  \$50.00

**6. Payment Method**

Credit card  Visa  MasterCard  
 Cardholder name \_\_\_\_\_  
 Card number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Cardholder signature \_\_\_\_\_  
 Check (Make payable to FACCC Education Institute & mail with this form to 1823 11<sup>th</sup> Street, Sacramento, CA 95811.)