



Inter-Tribal Council of Nevada's Family Violence Prevention Project Will be Hosting:

Silent No More! Using our Voice to Create Safe & Healthy Tribal Communities
September 10 - 12, 2019 @Nugget Casino Resort Sparks, Nevada

Conference material will focus on healthy relationships, domestic violence awareness, self-esteem, missing and murdered indigenous women, two-spirited awareness, health and wellness, cultural competency and much more.

Law-enforcement, advocates, counselors, social service employees, Tribal leaders, non-native organizations, youth educators, social service workers and advocates, survivors, ICWA workers, and other related field employees are encouraged to attend. This conference is **free** with limited seating.

Limited number of travel scholarships will be available (see attached). If you have any questions or are interested in presenting on a topic, please contact our office at 775-355-0600 Ask for the Family Violence Prevention Program. Agenda in progress.

Registration

Name: _____

Organization: _____

Address: _____

Email: _____

Home _____ Cell _____ Work _____ Ext _____

Tribal Affiliation (if applicable): _____

Which days will you be attending? (check all that apply)

Tuesday 9/10/19 Wednesday 9/11/19 Thursday 9/12/19 *half day

Lodging: Nugget Casino Resort Sparks, Nevada. Room rates 69.00 , 13.5% taxes and tourism fee. Group Code: GITCN99

E-Mail or Fax Registration to:

ITCN Family Violence Prevention Project
tmoreno@itcn.org or Fax to 775-355-5212

This conference is supported by the Administration for Children and Families,
Family Violence Prevention and Services Act Grant 18PENVFVPS

Scholarship Request

Due by August 16, 2019

Submit with your registration by email tmoreno@itcn.org or fax@ 775-355-5212 by August 16, 2019. Scholarships will cover lodging and travel costs based upon the GSA per diem rates. Incomplete applications will not be considered. One application form per person, type or print clearly.

Name: _____

Organization: _____

Address: _____

Email: _____

Home _____ Cell _____ Work _____ Ext _____

Tribal Affiliation (if applicable): _____

* Note we will not share any personal information with other organizations or individuals.

Sources of Funding

Mileage Approx. (round trip) _____

Lodging Non-Smoking Smoking Queen Bed King Bed

I am willing to share a room Yes No

I have arranged to share a room with: Full Name _____

Need Statement: (Use a separate paper and attach to form)

Your statement should include:

- 1.) Why you need the scholarship?
- 2.) Why you are interested in the conference?
- 3.) How you will utilize the information from the conference?
- 4.) Explain why your Tribe/Organization cannot fund your travel expenses to attend?

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