



Building upon MEDC's foundational curriculum, this open-enrollment training session offers two new seminars that broaden and deepen understanding of cultural competency as a means to achieve equity, equality and social justice for all.

October 1: LGBT Cultural & Linguistic Competency Training

In an interactive, fun, and non-threatening way, this workshop will define and discuss terms applicable to LGBT communities, and offer a deeper analysis on LGBT issues and challenges.

October 2: The Refuge Project: Walk in My Shoes

Through role-playing refugee families entering a refugee camp, cross-cultural exercises, and hearing refugee's stories, you will learn about the refugees' traumatic challenges of survival and the difficulties of resettlement in the U.S..

Time: 9:00 am – 4:00 pm

Venue: Casey Family Programs
(1123 – 23rd Avenue, Seattle)

Registration fee:

\$100* per workshop

~Lunch is on your own~

**Discount available for MEDC and NPARC members, and organizations that send 3 or more participants.*

You may cancel your registration up to 3 business days before the training and we will refund your tuition less a \$15 service charge. If you need to cancel less than 3 business days prior to the training you may send a substitute from your organization. Please note that if you don't cancel and don't attend, you are still responsible for payment. All requests for refunds must be made in writing.

Accessibility:

MEDC makes every effort to ensure accessibility. Request for ASL interpretation or other services must be made at least 3 weeks prior to the training.

Minority Executive Directors Coalition of King County

REGISTRATION FORM

Open-enrollment Cultural Competency Training

Please check which workshop and training dates you plan to attend:

LGBT Cultural & Linguistic Competency Training

Wednesday October 1, 2008 only

The Refugee Project: Walk in My Shoes

Thursday October 2, 2008 only

Both workshops

October 1 & 2, 2008 (both days)

CONTACT INFORMATION:

Name: _____

Organization: _____

Title of position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email _____

OPTIONAL:

What social groups do you identify with?

How did you hear about this workshop?

PAYMENT METHODS:

Check ___ Money Order ___ Visa ___ Master Card ___

Card Number: _____ Exp. Date: _____

Cardholder's Signature: _____

Send this form with your check, money order or credit card information to:

MEDC - P.O. Box 3064 - Seattle, WA 98114