



2019—What's Next?

ERNN REGIONAL WORKSHOPS

ABOUT

Districts went through a season of difficult negotiations in 2018, so it is only logical to ask, what comes next? This workshop will focus on what was learned during the 2018 bargaining year, including summary data from districts and discussion of tactics and strategies used by labor groups and locals. Presenters will share details about how to prepare for bargaining in the future—specifically how to deal with difficult bargains, when to get help from PERC, how to

explain your fiscal position to the Association, when to use social media, and more. This will be an interactive workshop intended for superintendents, business managers, and bargaining team members. Districts are encouraged to bring their whole bargaining team if possible.

Note: This workshop will not contain a segment on Basic Bargaining but is appropriate for all experience levels.

DATES/LOCATIONS

Please select one to complete your registration. Provide registrant and payment details below. Rates are per person. The workshops begin at 8:30 a.m. and conclude at 2:30 p.m. Lunch and clock hours are included in registration.

FEBRUARY 19 ESD 171 <input type="checkbox"/> \$150 ERNN Member District <input type="checkbox"/> \$195 Non-Member Conference Attendee	FEBRUARY 20 ESD 101 <input type="checkbox"/> \$150 ERNN Member District <input type="checkbox"/> \$195 Non-Member Conference Attendee	FEBRUARY 26 ESD 113/114 at ESD 113 <input type="checkbox"/> \$150 ERNN Member District <input type="checkbox"/> \$195 Non-Member Conference Attendee
MARCH 19 ESD 105 <input type="checkbox"/> \$150 ERNN Member District <input type="checkbox"/> \$195 Non-Member Conference Attendee	APRIL 10 ESD 112 <input type="checkbox"/> \$150 ERNN Member District <input type="checkbox"/> \$195 Non-Member Conference Attendee	

REGISTRANT INFORMATION

Ph.D. Name _____ Pref'd name on badge _____
 Ed.D. Title _____ District/Agency _____
 Mr. Address _____ City/State/ZIP _____
 Mrs. Email _____
 Ms.

Meals served include options for vegetarian, gluten free, and dairy free restrictions/allergies.

Other allergy? (please specify) _____

PAYMENT OPTIONS

Cancellations received within 2 weeks of your event will incur a \$75 fee. No Show = No Refund.

Purchase order # _____ Check (payable to WASA)
 Visa or MasterCard Card Number _____
 Expiration Date _____ CVC _____ Name, exactly as it appears on the card: _____
 Email receipt to: _____

WAYS TO REGISTER

FAX 360.352.6873 **MAIL** WASA, 825 Fifth Ave. SE, Olympia, WA 98501 **QUESTIONS** Please contact Lisa Gehman, 360.489.3640 or lgehman@wasa-oly.org.