

KNOW YOUR STRENGTHS

12TH ANNUAL • BASA WOMEN IN LEADERSHIP

Where: Polaris Hilton, 8700 Lyra Dr. Columbus, OH

When: March 20, 2017 from 8:00 a.m.- 4:00 p.m. & March 21, 2017 from 8:30 a.m.- Noon

Who: Women **IN** or who **Want to be IN** Leadership Roles



Dr. Elise Frattura- University of Wisconsin

- The History of Educational Marginalization and Leading Through It

Dr. Shannon Chavez-Korrell-University of Wisconsin

- Knowing Ourselves as Leaders: Identity Development for Educational Social Justice

Julie Adams-Adams Consulting

- The 7 Habits of Highly Effective Instructional Leaders

Kate Berseith-EF Education First

- Discover Your Strengths and How They Influence Your Leadership Style

Kate Bowerman, Jackie Duncan, Tracy Mathys-Shelby City School District

- GOLD: Girls Owning Lives of Dignity

Registration Information

- Online
- Registration form on back

Conference Fees and Payment

- \$159 BASA Member
- \$189 Non-BASA Member
 - Check enclosed
 - Please Invoice Me
 - P.O. #

Hotel Information

- Call 614-885-1600 and mention BASA
- http://www.hilton.com/en/hi/groups/personalized/C/CMHPOHF-BASAWL-20170320/index.jhtml?WT.mc_id=POG. Group name: BASA Women in Leadership Conference, Group Code: BASAWL

KNOW YOUR STRENGTHS

12TH Annual

BASA Women in Leadership Conference

Polaris Hilton, 8700 Lyra Dr.,

Columbus, OH

Phone: 614-885-1600

Complete registration form(s) and enclose a check or purchase order and

Mail to: BASA 8050 N. High St., Suite 150, Columbus, OH 43235;

Fax to (614) 846-4081; or **Register On-line** at www.basa-ohio.org

Full Name _____ **Title** _____

Organization/School District _____

Address _____

City/State/Zip _____

Phone _____ **Fax** _____

Email _____

Conference Fees & Payments: \$159 per BASA Member/\$189 per Non-Member
(Fee includes all conference materials, food, non-alcoholic drinks and parking. The fee does not include a hotel room night)

- ___ **Check Enclosed (payable to BASA)**
- ___ **Please Invoice Me**
- ___ **Purchase Order Number (if applicable)** _____

Cancellations & Refunds:

Refunds or credit will be given only for cancellations made in writing (mail or fax) and received by the BASA office up to five business days prior to the event date. Cancellations 5 business days or less prior to the conference are subject to a 50% cancellation fee. No refunds will be given for "no-shows."

Additional Information:

Participants in BASA workshops will receive a certificate of completion. Participants should discuss the outcomes of their experience with their Local Professional Development Committee (LPDC).

Graduate credit may be available for an additional fee, as well as upon completion of an Action Plan or Reflection Paper. Details will be given at the conference. Questions may be directed to Georgine S. Collette at Ashland University at gcollett@ashland.edu.

Hotel Information: **BASA has reserved a block of rooms for this event. The room rate is \$149+tax. Please contact the Hilton Polaris directly at 614-885-1600 to make your reservation, and tell them you are with the Buckeye Association of School Administrators, in order to receive this reduced rate or go to**

http://www.hilton.com/en/hi/groups/personalized/C/CMHPOHF-BASAWL-20170320/index.jhtml?WT.mc_id=POG

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2017 Nomination for Scholarship to Women in Leadership Conference

BASA member districts can nominate one female administrator or aspiring female administrator to attend the Women in Leadership Conference – *Know Your Strengths*. The conference will be held on March 20-21, 2017 at the Polaris Hilton. **A conference registration should accompany this nomination form.**

Only one nominee will be considered per school district. The selection committee will award scholarships that pay for the conference registration only. All other expenses for the conference will be the responsibility of the school district. Please complete the nomination and registration form and return to BASA no later than March 8, 2017. Recipients of the scholarship will receive notice by email no later than March 13.

Nominee Information:

Full Name:	
Title/Organization:	
Mailing Address:	
City:	Zip Code:
Phone:	
Email Address:	

All nomination forms must be signed by the district Superintendent:

Superintendent:	
School District:	
Mailing Address:	
City:	Zip Code:
Email Address:	
Signature of District Superintendent:	

Please return the nomination form and registration to:

Buckeye Association of School Administrators
8050 N. High Street
Columbus, Ohio 45325
Fax: 614-846-4081