



Municipal Clerks Institute Workshop

District 4 ~ Smackover ~ August 24 – 25, 2017

Don't miss this opportunity for first-rate, practical training in your profession!

Network with other clerks from your area and across the state, discover new places within Arkansas, and gain valuable knowledge and skills related to your position.

Full participation in the education sessions will earn you 6 hours of credit toward certification as an IIMC Certified Municipal Clerk and/or Arkansas Certified Municipal Clerk.

Preliminary Schedule

Thursday, August 24

- 3:00 pm Check into lodging (Super 8)
- 5:00 pm Meet at hotel lobby for dinner & evening activity

Friday, August 25

- 7:30 am Program check-in & morning refreshments
- 8:00 am Welcome & Introductions
- 8:15 am Education Sessions: 2020 Census & Emergency Management Geography
- 11:15 am Catered Lunch
- 12:00 pm Education Sessions – Emergency Management Resources for Clerks and more
- 3:30 pm Wrap-up & Evaluations

Lodging

America's Best Value Inn 4403 Smackover Highway (Hwy 7), Smackover Arkansas 71762

Call 870-725-0200 to make your reservation at the group rate

\$69 + 10.5% tax, double or single occupancy

Registration Fees

- | | |
|---|---|
| Thursday & Friday: \$75 per person | Includes: dinner, lunch, refreshments, all program materials & instruction. |
| Thursday dinner guests: \$25 each | Includes: 1 dinner plus evening activity. |
| Friday only: \$50 per person | Includes: refreshments, lunch, all program materials & instruction. |

Final schedule & information will be emailed 2 weeks before the start date.

Scholarships

ACCRTA offers scholarships for district workshop attendees. The deadline to apply for a scholarship to this workshop is **July 24**, so send in yours today! Apply now using the attached form or go to www.accrta.org.

REGISTRATION FOR THE

DISTRICT 4 MUNICIPAL CLERKS INSTITUTE WORKSHOP

AUGUST 24 – 25, 2017 SMACKOVER, ARKANSAS

PARTICIPANT'S NAME _____

TITLE _____

MUNICIPALITY _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK PHONE _____

EMAIL _____

PAYMENT INFORMATION

Make checks to U of A.

\$75 Thursday & Friday \$50 Friday only \$25 Thursday dinner guest

Send an invoice for my fees. The purchase order number is _____.

[NOTE: An invoice will be mailed to you. Please pay from the invoice, to the Treasurer's Office.
You may pay by check or credit card with this option.]

A check payable to University of Arkansas is enclosed for my fees.

Mail to:
Municipal Clerks Institute
MUSC-201 Attn: Kim Jones
1 University of Arkansas
Fayetteville, AR 72701

To register after August 18, contact Kim Jones
(kimj@uark.edu or 479-575-6491).

Confirmation will be sent by e-mail two weeks before program date.



UNIVERSITY OF
ARKANSAS



District Workshop Scholarships

The executive board of the Arkansas City Clerks, Recorders and Treasurers Association (ACCRTA) awards scholarships for members to attend district-level Institute Workshops, which enable Arkansas clerks to further their educational training and attain certification.

Applicants must be city clerks, recorders, treasurers, deputy city clerks, or related titles at the time of application. Scholarships are available to all members. Preference is given to those within the district where the workshop is held, and who may not have participated previously due to budget constraints.

Completed scholarship applications should be returned to the ACCRTA Scholarship Committee chair:

Donna Stewart
City Clerk
P.O. Box 278
Camden, AR 71711

Scholarships Available

- \$50 tuition-only scholarship
OR
- \$150 scholarship to assist with expenses for participants traveling over 100 miles and requiring an overnight stay

Direct questions to payroll.camden@cablelynx.com or 870-836-6436, fax 870-836-3369.

DEADLINE: 30 DAYS PRIOR TO WORKSHOP START DATE

2017 ACCRTA APPLICATION FOR INSTITUTE WORKSHOP SCHOLARSHIP ASSISTANCE

Name _____ Title _____

Street Address/PO Box _____ Phone _____

City, State, Zip _____ Email _____

Date Assumed Present Position _____

How much does your municipality budget annually for your department for education? \$ _____

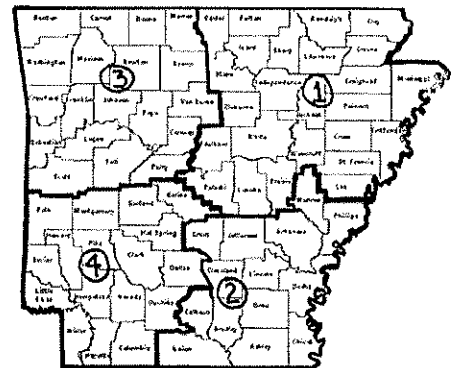
Why are you applying for this scholarship? _____

Applying for:

Workshop Location: _____

Workshop Dates: _____

*By signing below, I attest that I am a current member of *ACCRTA. I understand that any scholarship awarded must be used for the purpose for which it was intended. I must attend all sessions of the program for which I receive scholarship funds. I have attached written evidence that my chief executive or legislative body supports my attendance, and that if a scholarship is awarded, I will be given the time to attend. I attest that the information submitted with this application is true and correct to my best knowledge.*



Signature _____

Date _____

DISCLAIMER: ACCRTA is not responsible for applications that do not reach the chairperson by the deadline. Please feel free to call or email for verification that your application was received.

*You must be a current member of the organization to receive scholarship funds. You may become a member at the time of application. However, your application will not be considered until membership is verified.