

Planning for the **2010 Pierce County Health Career Day** is well underway. Your participation in past years as a presenter is greatly appreciated. We hope that you will consider being part of this exciting event again this year.

Last year's event hosted 779 students from 16 different high schools. Each year we receive very positive feedback from students and teachers who greatly value the information they receive from workshop presenters.

The **University of Puget Sound** has graciously offered to once again host this wonderful opportunity on **October 18, 2010**. As in the past, we will feature workshops and exhibitors highlighting healthcare careers. A very important part of the success of this day is the Workshops where students can interact with professionals in their area of interest. This year, we are expecting over 800 students from throughout Pierce County.

The Health Careers Day is offered to students *free of charge* in order to keep this experience open to all interested students. Your volunteering helps to continue this event *free of charge* to the students.

Please see the attached presenter's form and use it to send us your commitment. I have also included a separate Media Release form as we plan to video the event this year. Please fill-out and sign the release and return it along with your registration.

With your help and support, we can continue to show the students of Pierce County to the array of rewarding healthcare careers. To ensure that your organizational name is printed on the Career Day materials and program, please return your registration form no later than **September 1, 2010**. Please help us to continue with this unique tradition in reaching a broad range of students.

*"Health Career Day – what a great way to connect young students directly to educators and practitioners in health professions! Faculty are very pumped up by the excitement and enthusiasm of engaging with these high school students and they love the opportunity to give them first hand info about what professions are really like."*

Pat Brown  
Dean for Health,  
Justice and Human Services  
Tacoma Community College

If you have any questions about **Health Career Day** or suggestions, please do not hesitate to contact me. If you are unable to participate this year, *please* pass the material along to someone you think would make a good Workshop presenter.

I look forward to hearing from you,  
Barb DeMarco

### Past Workshop Topics

Animal Health Careers  
Biotechnology Careers  
Chiropractor  
College Financial Aid  
Dental Hygienist  
Dentistry  
Emergency Room Nursing  
Health Information Tech  
Hemodialysis Technician  
Labor and Delivery Nursing  
Making a Career Choice  
Medical Imaging Careers  
Medical Laboratory Careers  
Medical Laboratory Careers  
Navigating College Applications  
Nurse Midwife  
Nurse Practitioner  
Nursing Careers  
Occupational Therapy  
Pediatric Emergency Medicine  
Pediatrician  
Personal Training  
Pharmacy  
Physical Therapy  
Registered Dietician  
Respiratory Therapy  
Specialty & Rehabilitative Care  
Speech Language Pathology

*Please mail or fax your registration form to Barb DeMarco at the address listed below.*

## Presenter's Registration Form

**Organization Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip

Daytime Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Number of person(s) attending: \_\_\_\_\_: *required for lunches*     I will not need a lunch

I am new this year

E-mail address: \_\_\_\_\_     I participated last year

Name of Presenter:

\_\_\_\_\_ Title: \_\_\_\_\_

*Final registration deadline is September 1, 2010*

Topic for Workshop: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you presented last year, would you like us to use the same description?**     Yes     No

**Special Requirements:**

Projection Screen     Demonstration Table     Computer with Power Point

AV Ready Room     \_\_\_\_\_     \_\_\_\_\_

I am willing to present \_\_\_\_\_ 40 minutes workshops. No more than four are recommended.

Both Sessions with a break     AM session only     PM session only

**Suggestions:** A demonstration or interactive activity works well: Having samples of equipment that gives students a chance to handle and ask questions is also very popular.

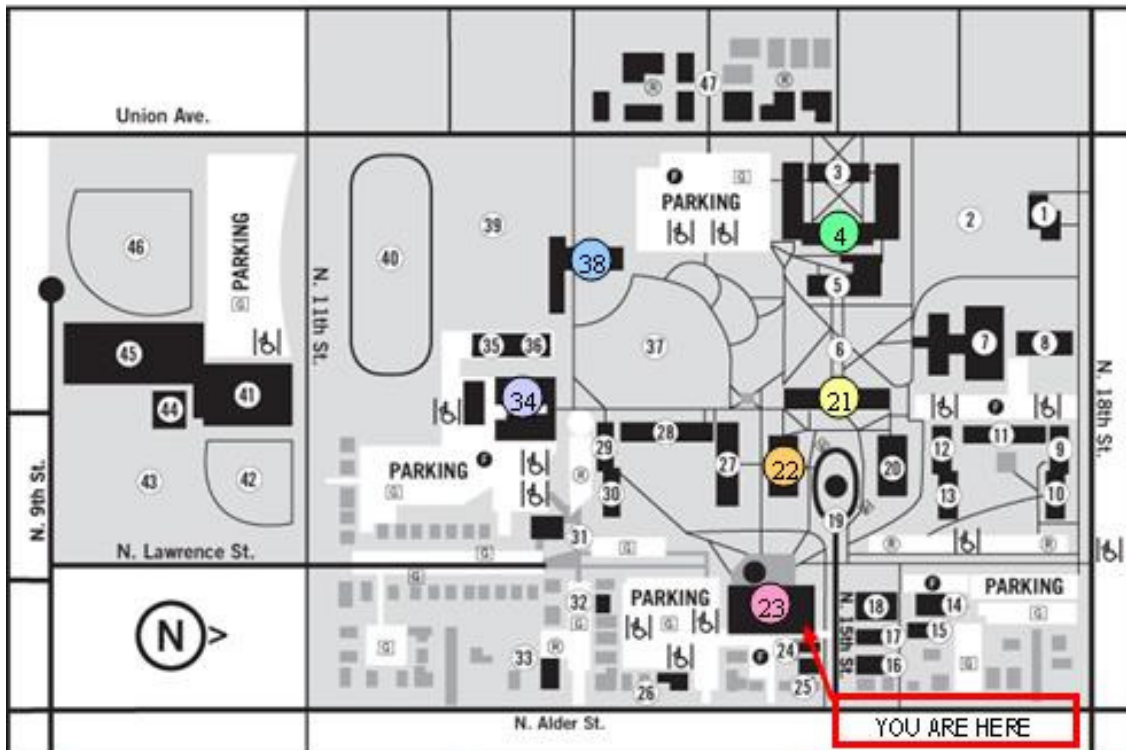
*Please keep a copy for your records*

# UNIVERSITY of PUGET SOUND

Est. 1888

📍 Check-in time will begin at 7:30 am on October 18, 2010 in the Wheelock Student Center located at:  
1500 N. Lawrence Street, Tacoma WA 98416. *Free parking is available*

## CAMPUS MAP



- 23 Wheelock Student Center
- 38 Wyatt Hall
- 22 Howarth Hall
- 4 Thompson Hall
- 34 South Hall
- 21 Jones Hall



## WorkForce Central Model Release Form

### MODEL RELEASE AUTHORIZATION AND CONSENT

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, hereby voluntarily and without compensation authorize the Tacoma-Pierce County Employment & Training Consortium d/b/a/ WorkForce Central, and its partners, permission to use my/or my business', information \_\_\_\_\_ [what type of information: for instance "publicly available"], photographs, logo, video and/or voice recording, in any type of media in connection with the advertising or promotion of WorkForce Central products, services or programs. This includes advertising and promotional items such as brochures and posters, magazines, websites, videos, training materials, articles and/or stories for the news media, exhibits, etc. An acceptable description of use may also be provided by me, below, which may limit the use of my/my business' pictures or recordings.

I have read and understand the foregoing and I consent to the use of my/my business' picture and/or voice as specified for the above-described purposes. I further understand that no compensation or fee will be paid for such use. I understand that this consent is voluntary and my refusal to grant such consent will have no effect on the provision of services available to me/my business. I further understand that I may at any time exercise the right to cease being filmed, photographed, or recorded, and may rescind my consent for up to a reasonable time before the picture, video, or voice recording is used. This consent can be rescinded by notifying the Chief Executive Officer at: WorkForce Central, 3650 S. Cedar Street, Tacoma, WA 98409.

By signing below, I certify that I have read and understand this Media Release Authorization and Consent, [for organization consent: and have the authority to sign for the organization].

Authorized by:

Name \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_  
(MUST BE 18 OR OLDER. IF A MINOR, MUST HAVE PARENT/GUARDIAN SIGNATURE)

Parent/Guardian \_\_\_\_\_  
(PLEASE PRINT)

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description of Use \_\_\_\_\_