



Annual IMA Seminar

SPONSORED BY

Eastern Washington State's Chapter of the Institute of Management Accountants (IMA)
8 hours of Continuing Professional Education Credits

Tuesday, **December 8**, 2009

Shilo Inn, 50 Comstock, **Richland**, WA 99352 (phone 509-946-4661)
(If staying the night, request **IMA group rate**, which is government per diem of \$70)

7am	Registration, Full Breakfast, network/socialize
8am	<u>Business Writing that Counts!</u> by Dr Julie Miller Ed.D, President of Business Writing that Counts! <ul style="list-style-type: none"> • Email tips and best practices • Writing to persuade vs report • PowerPoint presentation tips
12/noon	Buffet Lunch
1pm	<u>American Recovery and Reinvestment Act</u> by Scott Tingey PMP, Capital Program Mgr for the Environmental Molecular Sciences Laboratory (EMSL) of the Pacific Northwest National Laboratory operated by Battelle.
1:30pm	<u>Energy Risk Management</u> by Randy Gregg P.E., Member Services Mgr of The Energy Authority; <u>Smart Grid – A National Priority</u> by Rick Dunn P.E., Director of Engineering of Benton Public Utility District (BPUD); <u>Financial Management of Utilities</u> by Chad Bartram CMA/CPA, Assistant General Manager/CFO of BPUD.
4:30pm	Seminar Ends

Qualifies for **8 hours CPE** Credit

VISA & Master Card Accepted

(If paying by Credit Card, please contact Greg Selby at 509-376-8113 or Greg_L_Selby@ri.gov)

Questions & information, contact **Dragana Etheridge** (509)948-6500 or **dragana_etheridge@yahoo.com**

REGISTRATION FORM (Register by 11-30-09):

IMA/IIA Member: \$180

Non-IMA/IIA Member: \$250 (w/\$50 discount on IMA membership if join within 30 days)

Student Member (minimum 6 credit hours current enrollment): \$60

Student Non-IMA member: \$100

Half day (w/ lunch): \$120 member, \$180 non-member, \$40 student member, \$75 student non-member

Payable to: **Institute of Management Accountants**

Mail to: IMA Seminar, P.O. Box 457, Richland, WA 99352

Name w/certifications: _____ Telephone: _____
(Enter name as you would like it to appear on your nametag + certification initials)

Company: _____ E-mail: _____

Address: _____

VISA or Master Card Provider, Number and Expiration Month/Year: _____