



**Support for ILP Providers for the
Infant & Early Childhood Mental Health Institute and the
Child, Adolescent and Family Behavioral Health Conference**

The State of Alaska, Infant Learning Program, through funding provided by The Governor’s Council on Disabilities, is excited to make financial support available for State of Alaska Infant Learning Program providers to attend the Infant & Early Childhood Mental Health Institute (IECMHI) and the Child, Adolescent and Family Behavioral Health Conference.

Infant & Early Childhood Mental Health Institute

April 1st – 3rd, 2019

Child, Adolescent and Family Behavioral Health Conference

April 3rd – 5th, 2019

at the Dena’ina Center Anchorage

This support may be limited to one per agency or as funding allows according to the payment schedule below. Attendance at the full conference (five days) is encouraged. If a participant is unable to attend the full training, the stipend amount will be pro-rated per the payment schedule which shows the total amount you would be eligible for if you attend one day, two days or all five days. Proof of attendance is required for payment. (It is understood and agreed that stipend recipients are not employees of the State of Alaska.)

Participant Support Information:

Agency Location	To attend DAY 1	To attend 2 Days of Conference	To attend 3 Days of Conference	To attend 4 Days of Conference	To attend Full Conference
Bethel	\$500	\$650	\$825	\$1,025	\$1,225
Dillingham	\$1,050	\$1,200	\$1,375	\$1,575	\$1,775
Fairbanks	\$475	\$625	\$800	\$1,000	\$1,200
Homer	\$625	\$775	\$950	\$1,150	\$1,350

INFANT LEARNING PROGRAM SUPPORT APPLICATION TO ATTEND THE INFANT & EARLY CHILDHOOD MENTAL HEALTH INSTITUTE

Agency Location	To attend DAY 1	To attend 2 Days of Conference	To attend 3 Days of Conference	To attend 4 Days of Conference	To attend Full Conference
Juneau	\$575	\$725	\$900	\$1,100	\$1,300
Ketchikan	\$875	\$1,025	\$1,200	\$1,400	\$1,600
Kodiak	\$725	\$875	\$1,050	\$1,250	\$1,450
Mat-Su Valley*	\$75	\$150	\$225	\$300	\$375
Metlakatla**	\$975	\$1,125	\$1,300	\$1,500	\$1,700
Nome	\$700	\$850	\$1,025	\$1,225	\$1,425
Sitka	\$700	\$850	\$1,025	\$1,225	\$1,425
Soldotna (Kenai)	\$550	\$700	\$875	\$1,075	\$1,275

STEPS TO COMPLETE:

1. If you are interested in receiving financial support to attend the 2019 Infant & Early Childhood Mental Health Institute (IECMHI) and the Child, Adolescent and Family Behavioral Health Conference (CAFBHC) please email the attached application to christy.knight@alaska.gov. You will be notified if your application is approved and receive a registration conference code.
2. Once your application is approved, you will need to register on the official website.

[Click here to register](#)

3. Participant Support for Infant Learning Program providers will be dispersed upon completion of the training. Proof of attendance must be sent no later than May 27, 2019 to Child Welfare Academy, Attention: Marianne Mahon, 1901 Bragaw St., Suite 105, Anchorage, AK 99508, or emailed to mmahon@alaska.edu. Proof of attendance can also be fax to (907) 786-6735 in order for payment to be made.

**The official hotel for the IECMHI and the CAFBHC is the Hotel Captain Cook, 939 W. 5th Avenue, Anchorage, AK 99501. The Hotel Captain Cook is located at the corner of 4th Avenue and K Street in downtown Anchorage. Rooms are available for \$129 plus 12% tax. The Hotel Group Code: IECFC19 must be referenced to receive the discounted rate. You will be responsible for making your own reservations. Please check the website for reservation deadlines. All meetings and workshops will be held at the Dena'ina Civic and Convention Center, 600 W. 7th Avenue, Anchorage.

INFANT LEARNING PROGRAM SUPPORT APPLICATION TO ATTEND THE INFANT & EARLY CHILDHOOD MENTAL HEALTH INSTITUTE

Name:

Work Title:

Mailing Address:

Telephone:

Fax:

Email:

Program I work for:

I will attend:

	Please check:
2 ½ Day Infant & Early Childhood Mental Health Institute (Monday-Wednesday)	
IECMHI + 2 ½ Day Child, Adolescent and Family Behavioral Health Conference	

I prefer:

	Please Check:	Name and Contact of Fiscal Agent
Travel Support to be directly issued to me.		See contact information above.
Travel Support be issued to my Program who will pay for my costs.		
Travel Support be issued to the agency listed who will pay for my travel costs.		

Signature and Title of Authorized Representative of your Infant Learning Program

Date

Signature of Applicant