

Missouri Collegiate DECA

Fall Leadership Conference

**[EPIC
YEAR]**

COLLEGIATE DECA 2015-2016

Missouri Collegiate DECA,

I would personally like to invite each of you to the 2015 Fall Leadership Conference. We are very excited to kick off the Collegiate DECA year at the beautiful Lodge of Four Seasons. It's an exciting time to meet your fellow Missouri CDECA members from across the state. Conferences are an important aspect of this organization as we are able to incorporate what we learn in the classroom into real world experiences and leadership training. Each one of you will be challenged to grow in your leadership development. I hope you all take the opportunity to really get involved in the workshops and activities.

Membership in Collegiate DECA is an essential resource for future business professionals that will benefit from marketing, management and entrepreneurial skills and knowledge. This organization will push you to achieve your goals by helping you realize your true potential. I'd like to thank you all for attending our conference. For attending this conference, you are on track to becoming an asset to your chapter's success this year. Let's make this an EPIC Collegiate DECA year!

Sincerely,



Bethany Pierce

Missouri Collegiate DECA State President

Date

Monday, October 19, 2015

Location

The Lodge of Four Seasons
315 Four Seasons Dr.
Lake Ozark, MO

Fee

\$35.00 per person which includes the cost of the facility, materials, t-shirt, lunch and refreshments.

Registration Deadline

October 2, 2015



Missouri Collegiate DECA

205 Jefferson St.
Jefferson City, MO 65102

Phone: 573-751-4367

Fax: 573-526-4261

E-mail: chrissy.bashore@dese.mo.gov



www.facebook.com/MissouriCollegiateDECA



IMPORTANT INFORMATION

Agenda

9:00—9:30 Seachase Room
Registration

9:30—10:00 Seachase Room
Welcome and Installation of Officers

10:00—10:45 Granada A Room
“Bridging the Gap: High School to Collegiate DECA”
(State & Central Region Officers to present for High School DECA members)

10:00—10:45 Granada C Room
“Etiquette Presentation”
Carmen Binder, Career Counselor, Gateway Advising & Major Exploration Center,
UMKC

11:00—11:45 Seachase Room
“Starting Young: One Entrepreneurs Rise from Age 13”
Dak Dillon, Principal & Creative Director at Hub & Spoke

11:45—12:30 Marbella Room
Lunch & Break

12:30—1:15 Seachase Room
“Leadership Styles and Secret Support”
Maria Holt, Missouri Leadership Seminar, Inc.

1:15—2:30 Malaga & Thirst Rooms
Role Play and Testing

2:30—4:00 Seachase Room
Kevin Meuret

Lodging

Chapters are responsible for making their own reservations. The Lodge of Four Seasons has offered a \$99.00 room rate. Be sure to let them know that you are a part of the Collegiate DECA conference to receive the rate.

Conference Attire

Females should wear a businesslike blouse and skirt/slacks, business suit or business dress. Males should wear dress shirt and tie, dress slacks and sport coat or suit.

Comprehensive Consent Form

Each chapter must have a signed Comprehensive consent form for each student attending the conference. Advisors should have these forms in their possession. Please ensure that every delegate, parent, if applicable, advisor and school official reads the Comprehensive Consent form.

Directions and Parking

There is ample free parking at the facility. For driving directions, please visit <http://www.4seasonsresort.com/contact-en.html>

Refunds and Substitutions

No refunds are available after October 12, 2015. Substitutions are acceptable.



The required registration materials due to the State Office by October 2nd are:

- 1. Registration Form**
- 2. Emergency Contact Form**
- 3. Statement of Assurance Form**

*****ALL STUDENTS AND ADVISORS MUST
PRE-REGISTER FOR THE CONFERENCE.**

Forms due to the chapter advisor by October 2nd are:

- 1. Comprehensive Consent form**
- 2. Delegate Conduct Practice and Procedures Form**



Fall Leadership Conference

October 19, 2015 | 9:00 a.m.
 The Lodge of the Four Seasons
 Lake of the Ozarks, MO

REGISTRATION FORM – 2015

DUE OCTOBER 2nd

Chapter	
*Chapter Advisor #1	
Cell Phone Number	
*Chapter Advisor #2	
Cell Phone Number	
State Officer	

***Advisors are encouraged but not required to attend the conference. Complete all information regardless of attendance.**

List All Attendees (Advisors and Students)

Name	Shirt Size <i>(if applicable)</i>	Name	Shirt Size <i>(if applicable)</i>
Advisor:			
Advisor:			

***Please put an L for ladies or M for men to indicate what style to order followed by the size needed. (LS=ladies' small, MM=men's medium)**

REGISTRATION SUMMARY

TOTAL PARTICIPANTS		X \$ 35.00 (registration fee)	
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TOTAL

Email or fax no later than October 2, 2015 to:
 Missouri Collegiate DECA
 Chrissy Bashore
 Fax: 573-526-4261
 Chrissy.Bashore@dese.mo.gov

**No personal checks. Make checks payable to Missouri Collegiate DECA.*

Missouri Collegiate DECA Comprehensive Consent Form



Missouri Collegiate DECA requires each delegate attending a state association approved conference to read and complete this form and return it to the Chapter Advisor as partial completion of the registration requirements. Completion and signing of this form indicate that the Collegiate DECA member, Collegiate DECA member's parent or guardian, *if under legal age*, school administrator, and chapter advisor have read this form and approve its contents. Consent and approval indicated by the signing parties are applicable to the following Missouri Collegiate DECA activities:

October 19, 2015 | Fall Leadership Conference | Lake Ozarks, MO
February 25-26, 2015 | State Career Development Conference | Lake Ozark, MO
April 16-19, 2016 | International Career Development Conference | Washington D.C.

TRAVEL CONSENT

I hereby give my son daughter , _____, permission to participate in the Missouri Collegiate DECA activities listed above.

MEDICAL CONSENT

(Please Type or Print)

I, _____, _____
(NAME OF PARENT OR GUARDIAN, IF UNDER LEGAL AGE) (RELATIONSHIP TO MEMBER)

of _____, (_____), age _____,
(NAME OF MEMBER) (SOCIAL SECURITY NO.)

of _____
(COMPLETE HOME ADDRESS, INCLUDING ZIP CODE)

hereby authorize in advance any necessary medical treatment needed for _____
(NAME OF MEMBER)

while he/she is absent from home while participating in any of the activities listed above.

Parent/Guardian Phone

Home _____ Work _____ Cell _____

Health Insurance Co. Name: _____

Policy No.: _____

Family Physician's Name: _____ Phone: _____

Address: _____
(COMPLETE ADDRESS, INCLUDING ZIP CODE)

Allergic to: _____
(LIST ALL MEDICATIONS)

Collegiate DECA Delegate Conduct Practices and Procedures

1. The term “delegate” shall mean any Collegiate DECA member, including advisors, attending Missouri Collegiate DECA approved activities.
2. There shall be no defacing of public property. Any damages to any property or furnishing in the hotel rooms or building must be paid for by the individual or chapter responsible.
3. Delegates shall keep their adult advisors informed of their activities and whereabouts at all times.
4. Delegates should be prompt and prepared for all activities.
5. Delegates should be financially prepared for all possibilities.
6. No alcoholic beverages or narcotics in any form shall be possessed by delegates at any time, under any circumstance.
7. Out of common courtesy to the general public, no smoking in public will be permitted while a delegate is officially representing his/her chapter of Missouri Collegiate DECA.
8. No delegates shall leave the conference site (except for authorized activities) unless permission has been received from the Chapter Advisor.
9. Delegates are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
10. Identification badges must be worn at all times.
11. Appropriate dress of businesslike attire is expected. Collegiate DECA blazers are proper for any conference activity.
12. Chapters will be responsible for delegates’ conduct.
13. Delegates shall not engage in any lewd, indecent, sexual, or obscene act or expression. Delegates shall not engage in verbal, physical, sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, creed, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited. The above acts or expressions should not be used on any social media sites used by the delegate.
14. Delegates violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their candidates or competitive events’ participants being disqualified. Individual delegates may be sent home immediately at their own expense. Curfew will be enforced. (Curfew means delegates will be in assigned rooms.)
15. The Missouri Collegiate DECA State Advisor has authority to determine the consequence of any infraction(s) made to the above conduct practices and procedures, which may include, but not limited to, probation, disqualification of delegate or disqualification of chapter.

I approve the student named on side one to attend and travel to the Career Development Conference and other listed activities of the Missouri Collegiate DECA. I realize that violation of any rules can result in the immediate return of the student, at his or her own expense, to his/her home community. It is the responsibility of the parent/guardian to meet the delegate at the airport, bus terminal, etc., should it be necessary to send the delegate home.

Furthermore, I have read and fully understand the Missouri Collegiate DECA Delegate Conduct Practices and Procedures and agree to comply with these conduct guidelines. I am aware consequences will result from violation of any of the above guidelines.

 (Parent or Guardian Signature, if under legal age)

 (Date)

 (Collegiate DECA Member Signature)

 (Date)

 (Chapter Advisor Signature)

 (Date)

 (School Official Signature)

 (Date)

(ALL SIGNATURES REQUIRED)

2015-2016

Missouri Collegiate DECA Statement of Assurance



Please Type/Print

School _____

Received: _____

Office Use Only

Advisor _____

I, _____, have properly completed and signed copies of the Missouri
Advisor's Name

Collegiate DECA Comprehensive Consent Form on file for each student attending Missouri Collegiate DECA activities.

By signing below, I am also indicating that I will have the Missouri Collegiate DECA Comprehensive Consent Form in my possession for the duration all Collegiate DECA activities, including travel to and from these activities. I also understand the following:

1. Missouri Collegiate DECA will not collect the Comprehensive Consent Form prior to or at Missouri Collegiate DECA activities.
2. The Missouri Collegiate DECA Comprehensive Consent Form, when properly and totally completed, provides the best protection for my students' medical needs and my liability during either of these activities.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated as indicated by my signature appearing below.

Date

Chapter Advisor Signature

School Official Signature

**PLEASE RETURN THIS FORM TO STATE ADVISOR
PRIOR TO ATTENDING YOUR FIRST STATE ACTIVITY.**



Fall Leadership Conference

STUDENT INFORMATION FORM – 2015

List All Student Attendees and Emergency Contact Information

(complete this form only if the advisor is not attending the conference)

Due October 2th

Student Name	Emergency Contact	Emergency Contact Phone Numbers
		Work: Cell:

Email or fax no later than October 2, 2015 to:

Missouri Collegiate DECA
Chrissy Bashore
Fax: 573-526-4261
Chrissy.Bashore@dese.mo.gov