

# START AN ENVIRONMENTAL JOB TRAINING PROGRAM IN YOUR COMMUNITY!

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## Strategies for Job Development & Training In Brownfields Communities Workshop

The Hazardous Materials Training and Research Institute (HMTRI) of Eastern Iowa Community College District and the U.S. Environmental Protection Agency would like to invite you to participate in a workshop that will show you how to develop an environmental job training program in your community. These workshops are designed to provide knowledge and tools necessary to undertake activities that will maximize job development and employment opportunities for residents living in Brownfields-impacted areas. There is no registration fee to attend (see *Cost and Reimbursement* below). The next workshop is scheduled for:



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**JUNE 18-19, 2003 — EAST BRUNSWICK, NEW JERSEY**

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### SPONSORED BY

HMTRI of Eastern Iowa Community College District under a Cooperative Agreement with the U.S. Environmental Protection Agency.

### COST & REIMBURSEMENT

There is no fee to attend. The workshop is funded through a Cooperative Agreement from the U.S. Environmental Protection Agency. Participants from out of town will have their lodging paid for two nights. All other costs (transportation, meals, etc.) will be the responsibility of the participant.

### QUESTIONS

Glo Hanne, Project Coordinator  
HMTRI, Eastern Iowa Community College District  
500 Belmont Road, Bettendorf, IA 52722  
Phone: (563) 441-4081  
FAX: (563) 441-4080  
Email: [ghanne@eicc.edu](mailto:ghanne@eicc.edu)

### WORKSHOP TOPICS

- Overview of the Brownfields Economic Redevelopment Initiative
- Starting an environmental job training program
- Working with training providers, support services, and partnerships
- Employers' perspective/assessing the job market
- Developing curriculum, employability, & life skills
- Establishing Employer Advisory Committees
- Funding sources, resources, and sustainability

### WORKSHOP DETAILS & REGISTRATION

June 18, 2003 (6:00 p.m. - 8:30 p.m.)

June 19, 2003 (8:00 a.m. - 7:30 p.m.)

Further details will be sent to you after your registration has been received.

### REGISTRATION DEADLINES

June 4, 2003

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## REGISTRATION FORM

Please print or type

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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**RETURN THIS FORM ONE OF THREE WAYS:  
MAIL, FAX, or EMAIL to Glo Hanne. Contact information is above.**

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