

Summer 2003 Institute

**ENTREPRENEURSHIP AND SELF-EMPLOYMENT
FOR ARTISTS WITH DISABILITIES**

Promoting the self-empowerment and self-employment of artists with disabilities in Hawai'i.

This Summer 2003 Institute begins with a 5-day intensive program led by Dave Hammis, a nationally renowned business and enterprise expert specializing in self-employment for people with disabilities, with a focus on safeguarding social security and other health and welfare benefits. The program also features guest speakers from local small business development agencies and rehabilitation experts.

The Institute continues for artists with disabilities and their circle of support, in a 12-week format that will include lectures, group exercises, case studies, and community fieldwork to develop a business plan and begin self-employment. Weekly sessions will cover business and marketing planning and development, facilitated by UH-Manoa Pacific Business Center faculty and other Honolulu community enterprise and small business and marketing development experts.

Summer Institute (includes 5-day Intensive and 12-week Program)

5-day Intensive June 16-20 (Monday-Friday) • 9 am-4 pm • UHM Art 101 • *plus* **12-week Program:**

June 23-September 3 • Mondays (arranged times and locations) and Wednesdays • 1:30-4:30 pm • UHM Kuykendall 302

Fee: \$3000

Register for: S06297

Recommended for artists with disabilities and their circle of support

5-day Intensive Program

5-day Intensive June 16-20 (Monday-Friday) • 9 am-4 pm (1-hour lunch break; brownbag lunch recommended)

UHM Art 101

Fee: \$1500

Special fee: \$250 for parent advocates attending alone (parents as support team members attend free of charge)

Register for: S06298

Recommended for artists and others with disabilities and their circle of support, community, business, and social service agencies serving individuals with disabilities, and others interested in self-employment topics.

Sponsored By:

VSA arts of Hawai'i-Pacific

University of Hawai'i at Manoa, College of Education

National Technical Assistance Center for Employment of Asian Americans and Pacific Islanders
with Disabilities

In Partnership With:

Hawai'i Consortium for the Arts

Hawai'i Department of Health, Developmental Disabilities Division

Hawai'i Services on Deafness

Kamehameha Schools

National Technical Assistance Center

State Foundation on Culture and the Arts

University of Hawai'i at Manoa, College of Business Administration

University of Hawai'i at Manoa, Outreach College

Institute Presenters, Coordinators and Mentors:

David Hammis, business and enterprise expert specializing in self-employment for people with disabilities

Dr. Failautusi Avegalio, director, Pacific Business Center Program UH-Manoa College of Business Administration

Kehaulani Coleman, Honolulu community enterprise developer and small business consultant

Shannon Simonelli and *Susan Miller*, faculty, UH-Manoa College of Education, Center on Disability Studies

Ron Roush and *Kathy Reimers*, board of directors, VSA arts of Hawaii-Pacific, www.vsarts.hawaii.edu

For more information on the program, call (808) 285-2482.

Call (808) 956-8400 to register by phone with credit card or visit our website at www.summer.hawaii.edu

REGISTRATION INFORMATION

When paying with your VISA or MasterCard:

- **Register by Phone:** Call 956-8400, Mon-Fri, from 8:00 am-5:00 pm.
- **Register on the Web:** Go to <http://www.summer.hawaii.edu/programs/2003/EVENT- S06297.htm> (Institute), or <http://www.summer.hawaii.edu/programs/2003/EVENT- S06298.htm> (5-day Intensive)
- **Register by Fax:** Fax your registration form to 956-3752 at any time.

Register by Mail: Mail the completed form below with full payment or business purchase order to: UHM-Outreach College, 2440 Campus Road, Box 447, Honolulu, HI 96822. *If checks are dishonored by the banks, there is an assessment of \$15.*

Register in Person: At Outreach Student Services office; 2500 Dole Street, Krauss Hall, Room 101, Information Window; Mon-Fri 8:00 am-5:00 pm.

REFUNDS: Cancellation of noncredit enrollment for refund must be received by 12 noon on Thursday, June 12. *Failure to attend workshop does not constitute an official withdrawal.*

Workforce Investment Act

If you are unemployed, you may be eligible for employment services, education, and training administered through the O'ahu Workforce Investment Board. For more information and eligibility requirements, contact the O'ahu Work Links Office nearest you.

Disability Access www.hawaii.edu/osa/KOKUA.html

Students with documented disabilities and related need for academic support are encouraged to contact the KOKUA Program; KOKUA strives to create program access in partnership with students, faculty, administration, and others in the university community. Contact the KOKUA Office, Queen Liliuokalani Center for Student Services, Rm. 013, Tel: (808)956-7511 (V/T) or (808)956-7612 (V/T). Fax: (808) 956-8093.

Parking: is permitted for \$3 (payable upon entry) in designated visitor parking areas, which includes nearly 2,000 spaces in the Parking Structure (access from Dole Street). Students who possess a valid City & County Disability Placard may purchase a visitor parking ticket at campus entry kiosks and park in any marked stall on campus. (Both the visitor ticket and the placard must be displayed on the dashboard). Maps of parking areas are available at <http://www.hawaii.edu/parking/map.html>. Please be aware that there is a \$20 change limit at the entrances to campus lots; exact change is appreciated.

Noncredit Registration/Payment Form

Last or Family Name, First Name, Middle Initial Student ID # (Soc. Sec. No.)
☐ Female

Street Address, City, State and Zipcode ☐ Male

Email Address Home Phone: _____ Business Phone: _____

Firm/Affiliation Billing Address

Please register me for:

Course Number	Course Title	Fee
	Entrepreneurship and Self-Employment for Artists w/Disabilities	\$

Payment Method: ☐ Check or Money Order (payable to University of Hawai'i) ☐ Purchase Order No. _____
(enclose with registration)

☐ VISA ☐ MasterCard Account No: _____ Exp. Date (Mo/Yr): _____

Cardholder's Name (print) Cardholder's Signature

For office use only: Receipt Number/Input by _____ / _____
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