

Application
Instructionally Related Activities Funds Request
2007 – 2008 Academic Year
DEADLINE: Fall and Academic Year 3/31/07, Spring 10/15/07

Applications should be sent to the appropriate program chair. Chairs will route them to the Dean's Office, then to the IRA Committee.

Please check if any of the following apply to your IRA:

- | | | |
|---|--|---|
| <input type="checkbox"/> Equipment Purchase | <input type="checkbox"/> Field Trip | <input checked="" type="checkbox"/> Event |
| <input checked="" type="checkbox"/> IT Requirements | <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> International Travel | <input type="checkbox"/> Risk Management Consultation | |
| <input type="checkbox"/> Infrastructure/Remodel | <input type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/31, Spring 10/15) | |
| <input type="checkbox"/> Other _____ | | |

*Provide additional explanation and/or proof of consultation for each box checked (see below)

Activity Title: Fourth Poe Symposium: Challenges of an Aging Population

Date of Submission: October 1, 2007

Previously Funded: ☒ YES ☐ NO Yes, Request # _____

Assessment submitted for previously Funded Activity: ☒ YES ☐ NO

Activity/Event Date(s): Friday, April 18, 2008

Project Sponsor/Staff (Name/Phone): Charles Sackerson (Biology) / 437-8806

Support Personnel (Name/Phone): Jessyka Dalton, 437-2779

Department # for Funding Transfer (i.e., 730-English, 740-History, etc.): 720-Biology

Amount Requested: \$10,000

Estimated Number of Students Participating: 100



C.I.T # _____

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

☐ Employee ☐ Applicant ☐ Volunteer ☒ Non-Employee ☐ Student (waiver on file)

TRAVELER'S NAME Lynn Daucher		RESIDENCE ADDRESS 990 Birchcrest Ave		CITY/STATE/ZIP CODE Brea, CA 92821	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 916-419-7500	
DEPARTMENT		POSITION		DATE PREPARED 6/10/08	
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY:	EXTENSION
					DELIVERY OPTIONS SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>

SAME-DAY TRAVEL


DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
		NA		NA		NA								0.00

OVERNIGHT TRAVEL

							TRANSPORTATION						BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE				
			Breakfast	Lunch	Dinner						MILES	AMOUNT			
4/3/08						N/A		170.80	Air		124	62.62		233.42	
4/4/08										21.00	123	62.12		83.12	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.80		\$21.00	247	\$124.74	\$0.00	316.54	
LESS AMOUNT PREVIOUSLY PAID BY CSUCI							REGISTRATION			OTHER				0.00	
LESS ANY OTHER ADJUSTMENTS		Comments:													
										AMOUNT DUE TRAVELER					\$316.54

Travel reimbursement for Lynn Daucher, Director California Department of Aging, who spoke at 4th Annual Poe Symposium on Aging in America, an IRA funded activity. State employee who can not receive honorarium. Form 204 and offer letter attached		NORMAL WORK DAYS & HOURS	
		PRIVATE VEHICLE LICENSE	
		MILEAGE RATE CLAIMED 0.505 (If different see instructions)	
I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S PRINTED NAME see attached fax		CLAIMANT'S SIGNATURE & DATE <i>Lynn Daucher</i> 6/24/08	
MANAGER'S PRINTED NAME Dan Wakelee		MANAGER'S SIGNATURE & DATE <i>[Signature]</i> 6/24/08	
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)		DIVISION APPROVAL SIGNATURE & DATE	
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)		GRANTS/CONTRACTS ANALYST SIGNATURE & DATE	

Rev: A (01/08)


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Southwest Airlines Purchase Confirmation

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Southwest Airlines Confirmation Number(s)

Passenger Type	Confirmation Number	Passenger	Account Number	Disability Assistance
Adult	KLX84Z	lynn daucher	00000069597021	- None Entered -

Air Itinerary

Trip	Date	Day	Stops	Routing	Flight	Routing Details
Depart	Apr 07	Mon	Nonstop	ONT-SMF	1681	Depart Ontario (ONT) at 7:35 AM Arrive in Sacramento (SMF) at 8:55 AM

Pricing

Passenger Type	Trip	Routing	Type of Fare	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
Adult	Depart	ONT-SMF	Wanna Get Away	\$54.88	\$7.52	\$4.50	\$2.50	1	\$69.40
Total				\$54.88	\$7.52	\$4.50	\$2.50		\$69.40

¹ Security Fee is the government-imposed September 11th Security Fee.

Billing Information

Credit Card Holder Name: donald daucher
Billing Address: 990 w birchcrest
brea, CA 92821

Confirmation Number: KLX84Z


Passenger Type: Adult

Passenger Name(s): lynn daucher


Form of Payment: Visa: XXXXXXXXXXXX2594

\$69.40


Total Air	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
ONT - SMF	\$54.88	\$7.52	\$4.50	\$2.50	1	\$69.40

¹ Security Fee is the government-imposed September 11th Security Fee.


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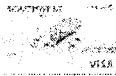
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Snack Service

If your flight segment is less than 600 miles in length, you will be served peanuts/pretzels. On nonstop flight segments that are 601 to 1270 miles long, you will be served a packaged snack appropriate to the time of day for your travel. On flights longer than 1271 miles, a travel snack box will be served. Southwest Airlines does not serve sandwiches or meals; however, you may bring something to eat onboard.

CHECKIN REQUIREMENTS AND REFUND INFORMATION

- Southwest Airlines Ticketless Travel is nontransferable. Government-issued photo identification is required at time of checkin.
- Customer Checkin Requirement:**
Flights Operated by Southwest Airlines - Customers who do not claim their reservations at the departure gate desk at least ten (10) minutes before scheduled departure time for flights operated by Southwest Airlines will have their reserved space cancelled and will not be eligible for denied boarding compensation.
- Refunds** - Any change to this itinerary may result in a fare increase. To make application for a refund of any unused air fare, please write Southwest Airlines Refunds Department - 6RF, P.O. Box 36611, Dallas, TX 75235-1611. Refund requests must include a copy of this document and/or your confirmation number, date of travel and flight number, and all credit card billing information including the amount and purchase reference numbers.

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Beginning 24 hours prior to your scheduled departure, you may [check in online for your flight and print a boarding pass](#) at [southwest.com](#). Boarding passes are also available at a Southwest Airlines Skycap Podium, Ticket Counter, or E-Ticket Check-In Kiosk.

Southwest Airlines Confirmation

Passenger Type	Confirmation Number	Passenger	Account Number	Disability Assistance
Adult	KXA4LW	LYNN DAUCHER	00000069597021	- None Entered -



Use the information you have already entered to create MySouthwest - your own personal travel web site! Store your travel preferences and purchase information and save time on future bookings. [Set up MySouthwest](#) now!



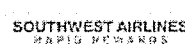
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Air Itinerary

Trip	Date	Day	Stops	Routing	Flight	Routing Details
Depart	Apr 03	Thu	Nonstop	SMF-ONT	107	Depart Sacramento (SMF) at 6:10 PM Arrive in Ontario (ONT) at 7:25 PM

Pricing

Passenger Type	Trip	Routing	Type of Fare	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
Adult	Depart	SMF-ONT	<u>Wanna Get Away</u>	\$84.65	\$9.75	\$4.50	\$2.50	1	\$101.40
Total				\$84.65	\$9.75	\$4.50	\$2.50		\$101.40

¹ Security Fee is the government-imposed September 11th Security Fee.

Billing Information

Credit Card Holder Name donald daucher
Billing Address 990 w birchcrest
brea, CA 92821
Form of Payment Visa: *****2594

Total charged to credit card:	20.00
Funds applied from previous reservation:	81.40

Please Note: If you have made [car](#) and [hotel](#) reservations, be sure to cancel and rebook accordingly.



Please visit [Travel Tools](#), where you can subscribe to [Flight Status Messaging](#) or find [Policies](#), [Travel Tips](#), and other [Tools](#) to manage your reservation.

Snack Service

If your flight segment is less than 600 miles in length, you will be served peanuts/pretzels. On nonstop flight segments that are 601 to 1270 miles long, you will be served a packaged snack appropriate to the time of day for your travel. On flights longer than 1271 miles, a travel snack box will be served. Southwest Airlines does not serve sandwiches or meals; however, you may bring something to eat onboard.

21.00

Sacramento Int'l
Airport

Card Account : XXXXXXXXXXXX0213
Card Type : Visa
Authorization Code : 01544C

Cashier : 47 Seq # 18202
License Plate : XX NPLATE
Ent : 16:38 04/03/08 Lane 7
Exit: 09:14 04/07/08 Lane 19

FEE \$ 28.00
AMOUNT TEND \$ 28.00
CASH \$ 0.00
CREDIT CARD \$ 28.00
CHECK \$ 0.00
CHANGE CALC \$ 0.00

PAID AT CT \$ 28.00
Taxes Included

*** Start Calculation Details ***

4 Day(s) @ \$7.00 = \$28.00

*** End Calculation Details ***

*** Thank You ***

Sign : _____

+ 247 m 74/
Airfare 101.40
69.40
101.40
21.00 Service
191.80

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands STREET ADDRESS One University Drive CITY, STATE, ZIP CODE Camarillo, CA 93012 TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)						
2	PAYEE'S BUSINESS NAME Lynn Daucher							
	MAILING ADDRESS (Number and Street or P.O. Box Number) 990 Birchcrest Avenue (CITY, STATE, and ZIP CODE) Brea, CA 92821							
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> </div> <div> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> </div> <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 150px; height: 15px; margin-top: 5px; display: flex; align-items: center;"> <div style="border-right: 1px solid black; width: 20px; text-align: center;">2</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">1</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">4</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">-</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">4</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">8</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">-</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">5</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">6</div> </div> OWNER'S FULL NAME Lynn Daucher	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.						
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)						
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. <table border="1" style="width: 100%;"> <tr> <td data-bbox="256 1785 876 1858"> AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lynn Daucher </td> <td data-bbox="876 1785 1468 1858"> TITLE Director </td> </tr> <tr> <td data-bbox="256 1858 876 1932"> SIGNATURE </td> <td data-bbox="876 1858 1468 1932"> <table border="1" style="width: 100%;"> <tr> <td data-bbox="876 1858 1153 1932"> DATE 3/24/08 </td> <td data-bbox="1153 1858 1468 1932"> TELEPHONE NUMBER (916) 419-7500 (wk) </td> </tr> </table> </td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lynn Daucher	TITLE Director	SIGNATURE 	<table border="1" style="width: 100%;"> <tr> <td data-bbox="876 1858 1153 1932"> DATE 3/24/08 </td> <td data-bbox="1153 1858 1468 1932"> TELEPHONE NUMBER (916) 419-7500 (wk) </td> </tr> </table>	DATE 3/24/08	TELEPHONE NUMBER (916) 419-7500 (wk)
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lynn Daucher	TITLE Director							
SIGNATURE 	<table border="1" style="width: 100%;"> <tr> <td data-bbox="876 1858 1153 1932"> DATE 3/24/08 </td> <td data-bbox="1153 1858 1468 1932"> TELEPHONE NUMBER (916) 419-7500 (wk) </td> </tr> </table>	DATE 3/24/08	TELEPHONE NUMBER (916) 419-7500 (wk)					
DATE 3/24/08	TELEPHONE NUMBER (916) 419-7500 (wk)							

March 21, 2008

Dear Ms. Daucher,

Thank you again for your participation in our 4th Annual Poe Symposium on Aging in America. This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on April 4, 2008 in the lecture hall in Aliso Hall, Room 150 . Due to scheduling conflicts, we have had to push the time back to 1:00 till about 5:30. If it's OK with you, I would like to have you speak first. I have scheduled about 40 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

The schedule of speakers is:

1:00-1:15: Opening remarks by CSUCI President Richard Rush
1:15-2:00: Lynn Daucher, Director of the CA Dept of Aging
2:00-2:45: Gil Rishton, Director of the Channel Islands Alzheimers Institute
2:45-3:30: Rita Effros of the Dept of Pathology and Laboratory Medicine at UCLA
3:30-3:50: break
3:50-4:35: Steven Clarke of the Dept of Chemistry and Biochemistry at UCLA
4:35-5:20: Anne Stirling, Licensed Psychologist, Westlake Village, CA

I wish we could offer you an honorarium, but since we can't, please be sure to let me know how we should go about calculating and reimbursing travel expenses for you. We will have parking passes for you; I will get them to you before the event, or will let you know where to come to pick them up when you get here.

Again, please be in touch if any issues arise.

Sincerely,

Charles Sackerson
Visiting Professor, Biology Program
California State University Channel Islands
(805) 437-8806
charles.sackerson@csuci.edu

C.I.T #

Must be submitted within 30 days of the end of travel

☒ Employee ☐ Applicant ☐ Volunteer ☐ Non-Employee ☐ Student (waiver on file)

HEADQUARTERS ADDRESS		TRAVELER'S NAME		RESIDENCE ADDRESS		CITY/STATE/ZIP CODE	
One University Drive		Lynn Daucher		990 Birchcrest Ave		Brea, CA 92821	
HEADQUARTERS CITY/STATE/ZIP		TRAVELER'S PHONE NO.		DEPARTMENT		POSITION	
Camarillo, CA 93012		916-419-7500					
DATE PREPARED		4/17/08					
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY:	EXTENSION	DELIVERY OPTIONS	
						SELECT ONE: <input type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check	

SAME-DAY TRAVEL												
DATE	DESTINATION	LODGING	MEALS (Taxable*)		INCIDENTALS	REGISTRATION	COST OF TRANS	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
		NA			NA							0.00

DATE		OVERNIGHT TRAVEL									
		TRANSPORTATION									
		TOTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
							MILES	AMOUNT			
4/3/08							416	210.08		210.08	
4/4/08							416	210.08		210.08	
								0.00		0.00	
								0.00		0.00	
								0.00		0.00	
								0.00		0.00	
								0.00		0.00	
SUBTOTAL		1.00	0.00			0.00	832	\$420.16	\$0.00	420.16	
LESS AMOUNT PREVIOUS											
LESS ANY OTHER ADJUST						OTHER				0.00	

Dan, FYI you had signed this previously based on mileage, which is what Charles Sackerson had advised me. Her assistant said no, that she flew provided receipts. Many

Dan, FYI you had signed this previously based on mileage, which is what Charles Sackerson had advised me. Her assistant said no, that she flew and provided receipts. This ends up being expensive. Many

Source of Funding: (Please verify)		AMOUNT DUE TRAVELER			\$420.16
Account	Fund	Class	Project	Amount	
* 606803	TK910	90171		420.16	

Handwritten notes:
 And this is less expensive
 90171

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim	Total Amount	\$420.16
---	--------------	----------

~~Mileage reimbursement for Lynn Daucher, Director California Department of Aging, who spoke at 4th Annual Poe Symposium on Aging in America, an IRA funded activity. State employee who can not receive honorarium. We are paying for her mileage to and from her office located at 1300 National Drive Ste 200, Sacramento, CA 95834. Form 204 and offer letter attached~~

NORMAL WORK DAYS & HOURS	
PRIVATE VEHICLE LICENSE	
MILEAGE RATE CLAIMED	
0.505	(If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME	CLAIMANT'S SIGNATURE & DATE
MANAGER'S PRINTED NAME Dan Wakelee, Associate Dean	MANAGER'S SIGNATURE & DATE <i>[Signature]</i> 4/10/08
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)	DIVISION APPROVAL SIGNATURE & DATE
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)	GRANTS/CONTRACTS ANALYST SIGNATURE & DATE

CALIFORNIA
DEPARTMENT OF AGING
1300 NATIONAL DRIVE, SUITE 200
SACRAMENTO, CA 95834

CSU Channel Islands
Mary Devins
One University Drive
Camarillo, CA 93012

9301288599 R017



049J82043666

\$00.420

06/20/2008

Mailed From 95834

US POSTAGE

EMPLOYEE REQUISITION/PERSONNEL ACTION REQUEST FORM

Please follow the Requisition Guidelines for assistance. Incomplete Requisitions will be returned to Preparer.

PART I: EMPLOYEE INFORMATION

Date: 4/21/08	Department Name/Program: Biology Symposium	Preparers Name: Mary Devins	Extension: 3253
Employee's Name (Last, First, Middle Initial) Leave blank for Recruitment: Rishton, Gilbert		Staff/Student: <input type="checkbox"/> Staff <input type="checkbox"/> MPP <input checked="" type="checkbox"/> Special Consultant <input type="checkbox"/> Student Assistant <input type="checkbox"/> FWS Stud. Asst <input type="checkbox"/> Emergency Hire (See Guidelines) <input type="checkbox"/> Other Please Specify: Faculty: <input type="checkbox"/> Full Time Tenure Track <input type="checkbox"/> Full Time Lecturer <input type="checkbox"/> Part Time Lecturer Sabbatical Eligibility Date: _____ Difference In Pay Eligibility Date: _____ Month Year Month Year	

PART II: ACTION REQUESTED - (Select ALL that apply) See Guidelines for definitions

<input type="checkbox"/> Appointment - No Ending Date <input checked="" type="checkbox"/> Temporary Appointment - with Ending Date <input type="checkbox"/> Emergency Appointment (See Emergency Hire Guidelines) <input type="checkbox"/> Additional/Concurrent Assignment <input type="checkbox"/> Reassignment (including Pay Plan Change) <input type="checkbox"/> Change from Temporary to Probationary/Permanent <input type="checkbox"/> Credit temp full-time service to probationary period _____ # mos <input type="checkbox"/> Time Base Change - Permanent <input type="checkbox"/> Salary Rate Change	<input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> In-Range/In-Class Progression Status in new classification: <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Early Reinstatement from Full/Partial Leave <input type="checkbox"/> Retired Annuitant Appointment (Limited to 960 hours per Fiscal year) <input type="checkbox"/> Demotion <input type="checkbox"/> Working Title Change <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Stipend for UNIT: <input type="checkbox"/> Funding Source Change <input type="checkbox"/> Sabbatical Leave <input type="checkbox"/> Difference in Pay Leave Fall Spring		
Effective Date of Action: 04/04/08	Ending Date (if temporary): 04/04/08	Supervisor's Name/Title: Ching-Hua Wang	Extension: 8870
Explanation of Action: Special Consultant speaker for IRA Biology Symposium on April 4, 2008		**Special Consultants Only - NTE \$ Amount/ Total # of Days NTE \$1000 total for 1 day	

PART III: POSITION/ASSIGNMENT INFORMATION

* Click here to reference the CSU Salary Schedule

FROM	Current Assignment - Complete all Blocks (For: Current Employee - Non-Recruitment Actions)	TO	Proposed Assignment - Complete all Blocks (For: All Recruitment & Non-Recruitment Actions)
Funding Source 1: 601801 TK910 720 90171	% Split: 100 %	Funding Source 1:	% Split:
Funding Source 2:	% Split:	Funding Source 2:	% Split:
Funding Source 3:	% Split:	Funding Source 3:	% Split:
Division/Department/Program Academic Affairs/Biology, 720 - IRA Symposium		Division/Department/Program	
*Classification Level (CSU Title) Special Consultant		*Classification Level (CSU Title)	
*Skill Level (if applicable)		*Skill Level (if applicable)	
Working Title (if applicable) Special Consultant		Working Title (if applicable)	
*Class Code/Range or Grade (#### / #) 4660		*Class Code/Range or Grade (#### / #)	
*Classification Salary Range		*Classification Salary Range	
FTE/Time Base/Semester Fraction	Pay Plan (Months Off for 10/12 & 11/12 Plans) <input type="checkbox"/> AY <input type="checkbox"/> 10/12 () & () <input type="checkbox"/> 11/12 ()	FTE/Time Base/Semester Fraction	Pay Period(s) Off (10/12 & 11/12 Plans) <input type="checkbox"/> AY <input type="checkbox"/> 10/12 () & () <input type="checkbox"/> 11/12 ()
FT Monthly Salary Rate \$	Actual Salary Rate \$ 1000.00 <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input checked="" type="checkbox"/> Daily	FT Monthly Salary Rate \$	Actual Salary Rate \$ <input type="checkbox"/> Mo <input type="checkbox"/> Hr <input type="checkbox"/> Daily
Stipend Amt \$		Stipend Amt \$	

PART IV: SIGNATURES/APPROVALS

Name of Supervisor/Title: PRINT Ching-Hua Wang, Biology Chair	Signature: _____	Date: 4/22/08	EXT: 8870
Name of Department/Division Director: PRINT Ashish Vaidya, Dean of the Faculty	Signature: _____	Date: 4/21/08	EXT: 8986
Name of Department Budget Officer: PRINT Maria Tauber FA Manager/Kris Muller AR Manager	Signature: _____	Date: _____	EXT: 8543/8418
Name of Grant & Contract Analyst (required for any SA901)	Signature: _____	Date: _____	EXT: 3175
Name of Financial Aid Representative (required on FWS)	Signature: _____	Date: _____	EXT:
Name of President/Designee: PRINT Ted Lucas, VP and Provost of Academic Affairs	Signature: _____	Date: 5-1-08	EXT:

PART V: BUDGET USE ONLY UNIT #:

Apprvd PeopleSoft Position#:	Budget Officer (Signature):	Date:	Comments:
------------------------------	-----------------------------	-------	-----------

PART VI: HR USE ONLY

REQUISITION #:

Inclass or Reclass approved % :

Initials of HR Rep:

Reimbursed Moving Expenses (if applicable) Maximum amount authorized - \$	AD \$ \$ Y N	Unit 8 POST Cert(s) (level):	Transfer of Credits from another State Agency: Vacation: _____ Data Transfer Form Received <input type="checkbox"/>	Initials of HR Rep
Probationary Period	Permanency	Evaluations Cycle	SSI Unit 3/ Unit 8	MPP Job Cd:
Type ly N	Starts:	Ends:	Date Eligible:	1Q 2Q 3Q 4Q Mo/Yr Stipend Amt
Documented by:			Initials	Date

205

Request for Consulting Services Form
Academic Affairs
CSU Channel Islands

Name and Address of Consultant:

~~Scott Frisch~~ Gilbert Rishton

11934 Waler's Lane

Malibu, CA 90265

Telephone and Email:

805-437-2776

Social Security #:

gilbert.rishton@csuci.edu

Brief Statement of Scope of Work: Speaking on the topic of Aging in America at the 4th Annual Poe Symposium.

Relevant Skills and Academic Background of Consultant: Currently the Director, Channel Islands Alzheimer's Institute, a CSUCI volunteer. Former faculty member.

Product or Deliverables of the Employment:

Consulting Period:

April 4, 2008

Start and Completion Dates:

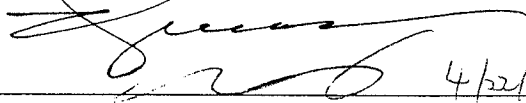
April 4, 2008

Recommended Amount or Compensation: (*PLEASE NOTE: Amount must be reflected as a "daily" and NOT hourly amount.*)

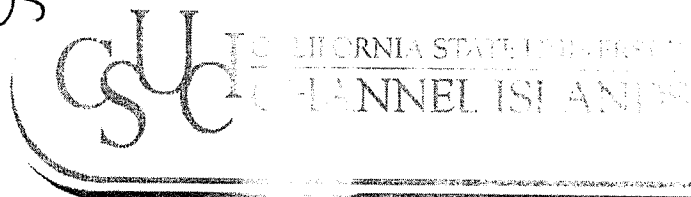
\$1000 per day, not to exceed one day

Recommended By: Ching-Hua Wang, Biology Chair

Approved By: _____


4/22/08

205



Division of Academic Affairs

March 21, 2008

Dear Dr. Rishton,

Thank you again for your participation in our 4th Annual Poe Symposium on Aging in America. This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on April 4, 2008 in the lecture hall in Aliso Hall, Room 150 . Due to scheduling conflicts, we have had to push the time back to 1:00 till about 5:30. If it's OK with you, I would like to have you speak second, at about 2:00. I have scheduled about 40 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

The schedule of speakers is:

1:00-1:15: Opening remarks by CSUCI President Richard Rush
1:15-2:00: Lynn Damm, Director of the CA Dept of Aging
2:00-2:45: Gil Rishton, Director of the Channel Islands Alzheimers Institute
2:45-3:30: Rita E. ... of the Dept of Pathology and Laboratory Medicine at UCLA
3:30-3:50: break
3:50-4:35: Steven ... of the Dept of Chemistry and Biochemistry at UCLA
4:35-5:20: Anne S. ... Licensed Psychologist, Westlake Village, CA

We are pleased to offer you an honorarium of \$1,000 in gratitude for your participation, and to cover any travel expenses. We will also provide parking passes for you if you need one.

Again, please be in touch if any issues arise.

Sincerely,

Charles Sackerson
Visiting Professor of ... Program
California State University Channel Islands
(805) 437-8806
charles.sackerson@csuci.edu

205
CSU

California State University Channel Islands Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement

Received

2008 APR - 1 P 12:42

MAKE CHECK PAYABLE TO:

Name: Gilbert Rishton

Address 1: 11934 Whalers Lane

Address 2: _____

City, State Zip: Malibu, CA 90265

Amount \$ 1000.00

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check will be:

- ☐ Mailed to the address at left
☐ Picked up from Cashier - Ext 3253

option as it should appear on reports (30 characters)

Process
as a
Requisition
for Special
Consultant

TYPE OF PAYMENT (Attach original receipts a

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for speaker fee for IRA activity...4th Annual Poe Symposium on Aging. Form 204 and offer letter attached. If at all possible please have check ready for pick up at Cashier's office on the day of the Symposium, April 4, 2008.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613820	TK910	720	90171			\$1,000.00
Total						\$1,000.00

Requested

Mary Devins

Printed Name & Extension

Signature

4/1/08

Date

Approved by:

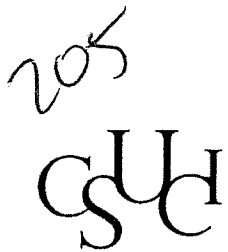
Dan Wakelee

Printed Name

Signature

4/1/08

Date



REQUEST FOR PAY
SPECIAL CONSULTANT/TRUSTEE

Department: Biology _ Poe Symposium

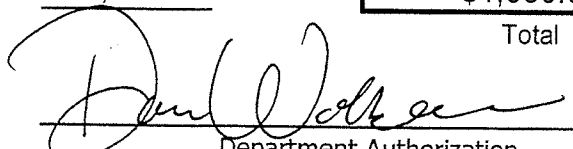
Consultant/Trustee: Gilbert Rishton, PhD

Social Security No.:

Position Number:

Dates Worked: 04/04/08

<u>1</u>	x	Daily Rate \$	<u>1,000.00</u>	<div>\$1,000.00</div>
Total Days				Total
<u>5/23/08</u>				
Date				


Department Authorization

PAYROLL USE ONLY

Payroll

PPT Transaction: _____

Payroll Authorization

Processed by

Date

Distribution: (1) Payroll (2) Personnel (3) Department



205

California State University Channel Islands

Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Rita Effros

Address 1: 16339 Akron Street

Address 2:

City, State Zip: Pacific Palisades

PeopleSoft Vendor ID: 4854

Note: New vendors must complete a Form 204

Check will be:

- ☒ Mailed to the address at left
☐ Picked up from Cashier - Ext

Description as it should appear on reports (30 characters)

Amount \$ 1000.00

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for 4th Annual Poe Symposium on Aging in America, an IRA funded activity. Offer Letter and IRA Proposal Attached☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	720	90171			\$1,000.00
Total						\$1,000.00

Requested

Mary Devins

Printed Name & Extension

Signature

5/23/08

Date

Approved by:

Dan Wakelee

Printed Name

Signature

5/23/08

Date

March 21, 2008

Dear Dr. Effros,

Thank you again for your participation in our 4th Annual Poe Symposium on Aging in America. This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on April 4, 2008 in the lecture hall in Aliso Hall, Room 150 . Due to scheduling conflicts, we have had to push the time back to 1:00 till about 5:30. If it's OK with you, I would like to have you speak third, at about 2:45. I have scheduled about 40 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

The schedule of speakers is:

1:00-1:15: Opening remarks by CSUCI President Richard Rush
1:15-2:00: Lynn Daucher, Director of the CA Dept of Aging
2:00-2:45: Gil Rishton, Director of the Channel Islands Alzheimers Institute
2:45-3:30: Rita Effros of the Dept of Pathology and Laboratory Medicine at UCLA
3:30-3:50: break
3:50-4:35: Steven Clarke of the Dept of Chemistry and Biochemistry at UCLA
4:35-5:20: Anne Stirling, Licensed Psychologist, Westlake Village, CA

We are pleased to offer you an honorarium of \$1,000 in gratitude for your participation, and to cover any travel expenses. We will have parking passes for you; I will get them to you before the event, or will let you know where to come to pick them up when you get here.

Again, please be in touch if any issues arise.

Sincerely,

Charles Sackerson
Visiting Professor, Biology Program
California State University Channel Islands
(805) 437-8806
charles.sackerson@csuci.edu

205



California State University Channel Islands Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Steven G. Clarke

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Address 1: 12216 Darlington Ave

Address 2: _____

City, State Zip: Los Angeles, CA 90049

Check will be:

- ☒ Mailed to the address at left
☐ Picked up from Cashier - Ext _____

Description as it should appear on reports (30 characters)

Amount \$ 1000.00

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexho (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for 4th Annual Poe Symposium on Aging in America. an IRA funded activity. 204 form, offer letter, and flyer attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	720	90171			\$1,000.00
Total						\$1,000.00

Requested Mary Devins
 Printed Name & Extension

Signature Date 4/17/08

Approved by: Dan Wakelee, Associate Dean
 Printed Name

Signature Date 4/18/08

705

State of California—Department of Health Services

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

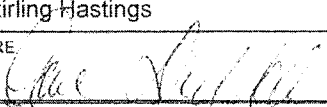
SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)
	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

2	PAYEE'S BUSINESS NAME Anne Stirling Hastings Ph.D. 441 Alosta dr. MAILING ADDRESS (Number and Street or P.O. Box Number) (CITY, STATE, and ZIP CODE) Camarillo CA 93010
---	--

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] [] - [] [] [] [] [] [] [] []	
	<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER [5][3][2][2]-[4][2]-[1][1][2][6] OWNER'S FULL NAME Anne S. Hastings	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
	<input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	

5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Anne Stirling Hastings	TITLE owner	
	SIGNATURE 	DATE 3-24-08	TELEPHONE NUMBER 805-987-5647

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)
	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

2	PAYEE'S BUSINESS NAME <u>Steven G. Clarke</u> <u>12216 Darlington Ave</u> MAILING ADDRESS (Number and Street or P.O. Box Number) <u>Los Angeles, CA 90049</u> (CITY, STATE, and ZIP CODE)
---	--

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) [] [] - [] [] [] [] [] [] [] [] <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <u>1515161-17161-1516197</u> <u>Steven G. Clarke</u>	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
	<input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	

5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	
	SIGNATURE	DATE	TELEPHONE NUMBER
	<u>Steven Clarke</u>	<u>Professor</u>	
	<u>Steven Clarke</u>	<u>3/24/2008</u>	<u>310 825-5754</u>

205
1709M



California State University Channel Islands Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Anne Stirling Hastings

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Address 1: 441 Alosta Dr

Address 2: _____

City, State Zip: Camarillo, CA 93010

Check will be:

- ☒ Mailed to the address at left
☐ Picked up from Cashier - Ext _____

Description as it should appear on reports (30 characters)

Amount \$ 1000.00

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input checked="" type="checkbox"/> Honorarium/Speaker Fee (under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for 4th Annual Poe Symposium on Aging in America, an IRA funded activity. 204 form, offer letter, and flyer attached.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	1K910	720	90171			\$1,000.00
Total						\$1,000.00

Requested Mary Devins
Printed Name & Extension

Signature

4/17/08
Date

Approved by Dan Wakelee, Associate Dean
Printed Name

Signature

Date



205
California State University Channel Islands
Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Lynn Daucher

Address 1: 990 Birchcrest Avenue

Address 2: _____

City, State Zip: Brea, CA 92821

Amount \$ 1000.00

PeopleSoft Vendor ID: _____
Note: New vendors must complete a Form 204

Check will be:

- ☐ Mailed to the address at left
☒ Picked up from Cashier - Ext 3253

Description as it should appear on reports (30 characters)
Mary Devins

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax/Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for speaker fee for IRA activity...4th Annual Poe Symposium on Aging. Form 204 and offer letter attached. If at all possible please have check ready for pick up at Cashier's office on the day of the Symposium, April 4, 2008.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613820	TK910	720	90171			\$1,000.00
Total						\$1,000.00

Requested Mary Devins
Printed Name & Extension

Mary Devins 4/1/08
Signature Date

Approved by: Dan Wakelee
Printed Name

Dan Wakelee 4/1/08
Signature Date

March 21, 2008

Dear Ms. Daucher,

Thank you again for your participation in our 4th Annual Poe Symposium on Aging in America. This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on April 4, 2008 in the lecture hall in Aliso Hall, Room 150 . Due to scheduling conflicts, we have had to push the time back to 1:00 till about 5:30. If it's OK with you, I would like to have you speak first. I have scheduled about 40 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

The schedule of speakers is:

1:00-1:15: Opening remarks by CSUCI President Richard Rush
1:15-2:00: Lynn Daucher, Director of the CA Dept of Aging
2:00-2:45: Gil Rishton, Director of the Channel Islands Alzheimers Institute
2:45-3:30: Rita Effros of the Dept of Pathology and Laboratory Medicine at UCLA
3:30-3:50: break
3:50-4:35: Steven Clarke of the Dept of Chemistry and Biochemistry at UCLA
4:35-5:20: Anne Stirling, Licensed Psychologist, Westlake Village, CA

I wish we could offer you an honorarium, but since we can't, please be sure to let me know how we should go about calculating and reimbursing travel expenses for you. We will have parking passes for you; I will get them to you before the event, or will let you know where to come to pick them up when you get here.

Again, please be in touch if any issues arise.

Sincerely,

Charles Sackerson
Visiting Professor, Biology Program
California State University Channel Islands
(805) 437-8806
charles.sackerson@csuci.edu



California State University Channel Islands

Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Gilbert Rishton

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Address 1: 11934 Whalers Lane

Address 2: _____

City, State Zip: Malibu, CA 90265

Check will be:

- ☐ Mailed to the address at left
☒ Picked up from Cashier - Ext _____

Description as it should appear on reports (30 characters)

Amount \$ 1000.00

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexo (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.

Honorarium for speaker fee for IRA activity...4th Annual Poe Symposium on Aging. Form 204 and offer letter attached. If at all possible please have check ready for pick up at Cashier's office on the day of the Symposium, April 4, 2008.

☐ PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613820	TK910	720	90171			\$1,000.00
Total						\$1,000.00

Requested Mary Devins
Printed Name & Extension

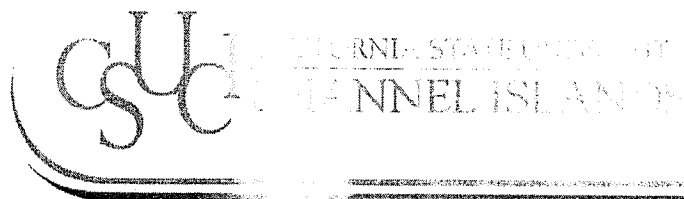
Signature

4/1/08
Date

Approved by: Dan Wakelee
Printed Name

Signature

4/1/08
Date



March 21, 2008

Dear Dr. Rishton,

Thank you again for your participation in our 4th Annual Poe Symposium on Aging in America. This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on April 4, 2008 in the lecture hall in Aliso Hall, Room 150 . Due to scheduling conflicts, we have had to push the time back to 1:00 till about 5:30. If it's OK with you, I would like to have you speak second, at about 2:00. I have scheduled about 40 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

The schedule of speakers is:

1:00-1:15: Opening remarks by CSUCI President Richard Rush
1:15-2:00: Lynn Dammann, Director of the CA Dept of Aging
2:00-2:45: Gil Rishton, Director of the Channel Islands Alzheimers Institute
2:45-3:30: Rita E. Eberhart, Dept of Pathology and Laboratory Medicine at UCLA
3:30-3:50: break
3:50-4:35: Steven D. Mittleman, Dept of Chemistry and Biochemistry at UCLA
4:35-5:20: Anne S. Stephens, Licensed Psychologist, Westlake Village, CA

We are pleased to offer you an honorarium of \$1,000 in gratitude for your participation, and to cover any travel expenses. We will also provide parking passes for you if you need one.

Again, please be in touch if any issues arise.

Sincerely,

Charles Sackerson
Visiting Professor, Poetry Program
California State University Channel Islands
(805) 437-8806
charles.sackerson@csuci.edu

PAYEE DATA RECORD**(Required in lieu of IRS W-9 when doing business with the State of California)**

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands <hr/> STREET ADDRESS One University Drive <hr/> CITY, STATE, ZIP CODE Camarillo, CA 93012 <hr/> TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on Page 2)</i>
2	PAYEE'S BUSINESS NAME Gilbert M. Rishton	
MAILING ADDRESS (Number and Street or P.O. Box Number) 11934 Whalers Lane <hr/> (CITY, STATE, and ZIP CODE) Malibu, CA 90205		
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) - <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME 0 1 9 - 4 2 - 1 5 9 7 Gilbert M. Rishton	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> MEMBER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. <hr/> AUTHORIZING REPRESENTATIVE'S NAME (Type or Print) TITLE Gilbert M. Rishton <hr/> SIGNATURE DATE TELEPHONE NUMBER 3/28/08 310-924-9466	



California State University Channel Islands

Check Request Form

To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAYABLE TO:

Name: Lynn Daucher

PeopleSoft Vendor ID: _____

Address 1: 990 Birchcrest Avenue

Note: New vendors must complete a Form 204

Address 2: _____

Check will be:

- ☐ Mailed to the address at left
☒ Picked up from Cashier - Ext _____

City, State Zip: Brea, CA 92821

Description as it should appear on reports (30 characters)

Amount \$ 1000.00

TYPE OF PAYMENT (Attach original receipts and invoice, if applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Fee | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Non-Employee Reimb** | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Freight/Shipping | <input type="checkbox"/> Parking/Bank Fee | <input type="checkbox"/> Registration Fee (w/ Travel Request) |
| <input type="checkbox"/> Honorarium/Speaker Fee(under 1K) | <input type="checkbox"/> Payroll Advance* | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Interpreting/Notetaking Svc | <input type="checkbox"/> Permit/License Fee | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> PO Closed *** | <input type="checkbox"/> Tax Remittance | <input type="checkbox"/> Sodexho (w/ Meal Approval Frm) |
| <input type="checkbox"/> CSU Overhead Costs | <input type="checkbox"/> Art Models | <input type="checkbox"/> Prizes/Awards (Non-General Fund) |
| <input type="checkbox"/> Lodging-Hampton/Country/Marriott (Camarillo only) | | <input checked="" type="checkbox"/> IRA Activity |

* To be used by payroll department only.

**Please attach a signed Non-Employee reimbursement form to this check request.

***To be used at year end only when PO on invoice has been closed and prior year funds have been reverted.

Description and/or explanation of payment.
Honorarium for speaker fee for IRA activity...4 th Annual Poe Symposium on Aging. Form 204 and offer letter attached. If at all possible please have check ready for pick up at Cashier's office on the day of the Symposium, April 4, 2008.
<input type="checkbox"/> PLEASE SEND ATTACHED FORM WITH CHECK

CHARGE

Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613820	TK910	720	90171			\$1,000.00
Total						\$1,000.00

Requested

Mary Devins
Printed Name & Extension

Signature

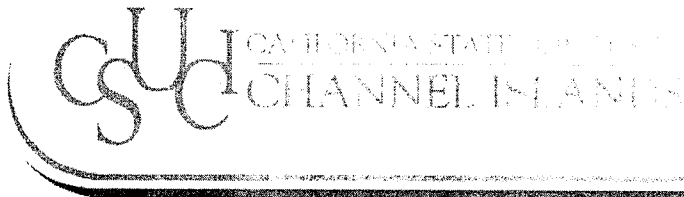
4/1/08
Date

Approved by:

Dan Wakelee
Printed Name

Signature

4/1/08
Date



March 21, 2008

Dear Ms. Daucher,

Thank you again for your participation in our 4th Annual Poe Symposium on Aging in America. This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on April 4, 2008 in the lecture hall in Aliso Hall, Room 150 . Due to scheduling conflicts, we have had to push the time back to 1:00 till about 5:30. If it's OK with you, I would like to have you speak first. I have scheduled about 40 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

The schedule of speakers is:

1:00-1:15: Opening remarks by CSUCI President Richard Rush
1:15-2:00: Lynn Daucher, Director of the CA Dept of Aging
2:00-2:45: Gil Rishton, Director of the Channel Islands Alzheimers Institute
2:45-3:30: Rita Effros of the Dept of Pathology and Laboratory Medicine at UCLA
3:30-3:50: break
3:50-4:35: Steven Clarke of the Dept of Chemistry and Biochemistry at UCLA
4:35-5:20: Anne Stirling, Licensed Psychologist, Westlake Village, CA

I wish we could offer you an honorarium, but since we can't, please be sure to let me know how we should go about calculating and reimbursing travel expenses for you. We will have parking passes for you; I will get them to you before the event, or will let you know where to come to pick them up when you get here.

Again, please be in touch if any issues arise.

Sincerely,

Charles Sackerson
Visiting Professor, Biology Program
California State University Channel Islands
(805) 437-8806
charles.sackerson@csuci.edu

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands STREET ADDRESS One University Drive CITY, STATE, ZIP CODE Camarillo, CA 93012 TELEPHONE NUMBER (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on Page 2)</i>						
2	PAYEE'S BUSINESS NAME Lynn Daucher MAILING ADDRESS (Number and Street or P.O. Box Number) 990 Birchcrest Avenue (CITY, STATE, and ZIP CODE) Brea, CA 92821							
3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div> </div> <div> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> </div> <input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 150px; height: 15px; margin-top: 5px; display: flex; align-items: center;"> <div style="border-right: 1px solid black; width: 20px; text-align: center;">2</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">1</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">4</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">-</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">4</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">8</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">-</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">5</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">6</div> </div> OWNER'S FULL NAME Lynn Daucher							
4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (<i>See Page 2</i>). Payments for services by nonresidents may be subject to state withholding. <div style="margin-left: 20px;"> <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA </div>							
5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. <table border="1" style="width: 100%;"> <tr> <td data-bbox="253 1791 878 1864"> AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lynn Daucher </td> <td data-bbox="878 1791 1469 1864"> TITLE Director </td> </tr> <tr> <td data-bbox="253 1864 878 1938"> SIGNATURE </td> <td data-bbox="878 1864 1469 1938"> <table border="1" style="width: 100%;"> <tr> <td data-bbox="878 1864 1154 1938"> DATE 3/24/08 </td> <td data-bbox="1154 1864 1469 1938"> TELEPHONE NUMBER (916) 419-7500 (wk) </td> </tr> </table> </td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lynn Daucher	TITLE Director	SIGNATURE 	<table border="1" style="width: 100%;"> <tr> <td data-bbox="878 1864 1154 1938"> DATE 3/24/08 </td> <td data-bbox="1154 1864 1469 1938"> TELEPHONE NUMBER (916) 419-7500 (wk) </td> </tr> </table>	DATE 3/24/08	TELEPHONE NUMBER (916) 419-7500 (wk)
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Lynn Daucher	TITLE Director							
SIGNATURE 	<table border="1" style="width: 100%;"> <tr> <td data-bbox="878 1864 1154 1938"> DATE 3/24/08 </td> <td data-bbox="1154 1864 1469 1938"> TELEPHONE NUMBER (916) 419-7500 (wk) </td> </tr> </table>	DATE 3/24/08	TELEPHONE NUMBER (916) 419-7500 (wk)					
DATE 3/24/08	TELEPHONE NUMBER (916) 419-7500 (wk)							

Application
Instructionally Related Activities Funds Request
2006 – 2007 Academic Year

ATTACHMENT A

ACTIVITY BUDGET FOR 2006-2007

1. Operating Expense Budget

A. Supplies	<u>\$500</u>
B. Vendor Printing	<u>\$1000</u>
C. In-State Travel	<u>\$320</u>
D. Out-of-State Travel	<u>\$800</u>
E. Equipment Rental	<u> </u>
F. Equipment Purchase	<u> </u>
G. Contracts/Independent Contractors	<u> </u>
H. Honorarium	<u>\$7500</u>
I. OPC Chargeback	<u> </u>
J. Copier Chargeback	<u> </u>
K. Other	<u> </u>

TOTAL	<u>\$10,120</u>
-------	-----------------

2. Revenue

A. Fees	<u> </u>
B. Matching Budget	<u> </u>

TOTAL	<u>\$10,120</u>
-------	-----------------

Anticipated List of Speakers:

Roy L. Walford, M.D.: Dr. Walford has been Professor of Pathology at the UCLA School of Medicine since 1966. Dr. Walford's scientific career has been focused largely on research into the biology of aging. He has been awarded the Research Award of the American Aging Association, the Kleemeier Award from the Gerontological Society of America, the Henderson Award from the American Geriatrics Society, and the Infinity Award of the the American Academy of Anti-Aging Medicine. His membership in scientific societies include: the American Aging Association, Gerontological Society of America, American Association for the Advancement of Science, and others. Dr. Walford has appeared on numerous TV shows, including the BBC's On Aging; the PBS's War On Aging; CNN's On Aging; ABC's "20/20 Special on Aging"; The Learning Channel (1995): Ultrascience: Forever Young; the BBC's Life Without End (1996); and PBS's Life and Times Tonight, Science and Aging (1998).

Lenny Guarente, PhD: Dr. Guarente is a Novartis Professor of Biology at the Massachusetts Institute of Technology, where he has researched the molecular mechanisms for aging in various organisms since 1981. Since obtaining his doctorate in molecular biology from Harvard University in 1978, Guarente has published over 180 articles in Scientific American, Nature, and other popular and scientific journals, while his research has been featured in The New York Times and The Boston Globe. A member the American Academy of Microbiology since 1998, Guarente was also named Investigator of 2001 by the Academy of the American Society for Healthy Aging. In addition to his teaching and research duties, Guarente currently serves on the editorial boards of Genes and Development, Trends in Genetics, and the Journal of Anti-Aging Medicine. He describes his quest for the "longevity gene" in his 2003 book Aging Quest.

Judith Campisi, PhD: Dr. Campisi is a Senior Staff Scientist at Lawrence Berkeley National Laboratory, University of California Berkeley. Her research focuses on the mechanisms that underlie aging: "Aging is controlled by genes and the environment, and poses the largest single risk for developing a panoply of diseases, including cancer. Why do organisms age, and why do diseases such as cancer rise exponentially with age? My laboratory aims to understand the molecular and cellular basis of aging in mammals. We study cells in culture, mice, and -- most recently -- the simple model organism *Caenorhabditis elegans*. We are exploring the causes and consequences of cellular senescence, the role of telomeres and telomere binding proteins in regulating gene expression and genomic stability, and the mechanisms by which defects in DNA repair proteins cause premature aging and cancer-prone syndromes, with an emphasis on breast cancer."

Dora L. Costa, PhD: Dr. Costa is Professor of Economics at MIT where she teaches economic history. She is also a research associate in the National Bureau of Economic Research's programs on the Development of the American Economy and on Aging and the co-director of the working group Cohort Studies. She is the author of numerous articles and a book, "The Evolution of Retirement: An American Economic History 1880-1990". Dr. Costa's research has covered a wide range of topics including retirement, elderly living arrangements, determinants of older age mortality and morbidity, and long-term trends in the health of the population. She is currently pursuing an investigation of long-term trends in health inequality by social class at all stages of the life cycle and of the effect of childhood health on morbidity and economic outcomes at older ages.

Lynn Daucher: Ms. Daucher has been the Director of the California Department of Aging (CDA) since February 6, 2007. A teacher by profession, Daucher began her career in public service when she was elected to the School Board for Brea Olinda Unified School District. She served for six years on the Brea City Council, including one year as Mayor, before being elected Assemblywoman from the 72nd District (Orange County), prior to her appointment to CDA. Recognizing the importance of senior issues, Daucher served as Vice-Chair of the Assembly Committee on Aging and Long Term Care. She also served on the Budget Committee; the Budget Sub-Committee No. 2 on Education and Finance; the Appropriations Committee; the Elections, Reapportionment, and Constitutional Amendments Committee; and the Local Government Committee. Largely due to her expertise in educational issues, she was appointed to the Assembly Committee on the Master Plan for Higher Education. In addition, she served on the Republican Caucus' Leadership Team as Minority Whip and Assistant Caucus Chairperson.

Contact: Events and Facilities Liaison (EFL)

One University Dr., Camarillo, CA 93012 Tel.: 805-437-8433 Fax: 805-437-8431

EVENT INFORMATION

PLEASE SUBMIT THIS FORM 30 DAYS PRIOR TO THE DATE OF EVENT

Organization or CSUCI Dept: Academic Affairs - Biology

Billing Address or _____

CSUCI charge code: _____

Account Code / Fund / Dept / Program _____

Event Coordinator: Charles Sackerson

Tel: x8806

Email: charles.sackerson@csuci.edu

Fax: _____

Cell: _____

Events & Facilities Use Request Form

Select Internal or External Request

Date Finalized by EFL _____

Select New, Modify or Cancel Event _____

Event # _____

Date(s) of Event: Friday, April 18, 2008

Title of Event: posium: Challenges of an Aging Populaiton

Start Time: 12:30 PM

Finish Time: 5:30 PM

Set Up Time: 11:30 AM

Expected Attendance: 100

Target Audience (please select): Open to the Public

Brief Description of Event: symposium

FACILITY REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> Malibu 100 | <input checked="" type="checkbox"/> Aliso Hall Auditorium |
| <input type="checkbox"/> Grand Salon | <input type="checkbox"/> Aliso Hall Plaza |
| <input type="checkbox"/> Petit Salon | <input type="checkbox"/> Bell Tower Mall |
| <input type="checkbox"/> Salon A | <input type="checkbox"/> Bell Tower Fountain C'yard |
| <input type="checkbox"/> The Hub | <input type="checkbox"/> Potrero Field |
| <input type="checkbox"/> The Hub Park | <input type="checkbox"/> Recreation Center |
| <input type="checkbox"/> South Quad | |
| <input type="checkbox"/> North Quad | |
| <input type="checkbox"/> Library Courtyard | |
| <input type="checkbox"/> Classrooms(specify) _____ | |
| <input checked="" type="checkbox"/> Other (specify) <u>Reserved through Amber</u> | |

O.P.C. SERVICES REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> Audio System | <input type="checkbox"/> Tables - Standard 6' (30) # _____ |
| <input checked="" type="checkbox"/> Wireless Mic (2) # <u>1</u> | <input type="checkbox"/> Tables -Almond/Folding 6' (40) # _____ |
| <input checked="" type="checkbox"/> Lapel Mic (2) # <u>1</u> | <input type="checkbox"/> Tables - Round 72" (18) # _____ |
| <input type="checkbox"/> Panel Mics (set of 6) | <input type="checkbox"/> Tables-Almond/Round 60" (20) # _____ |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> Tables -Classroom 6' (60) # _____ |
| <input type="checkbox"/> Stage (10'x8'x2') | <input type="checkbox"/> Chairs - Almond/Folding (300) # _____ |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Chairs - Green Folding (80) # _____ |
| <input type="checkbox"/> Power Ext Cords # _____ | <input type="checkbox"/> Chairs - Burgundy (250) Malibu # _____ |
| <input type="checkbox"/> Power strips # _____ | <input type="checkbox"/> Chairs - Blue (100) Malibu # _____ |
| <input type="checkbox"/> Trash Cans - Extra # _____ | <input type="checkbox"/> Water pots (4 max) # _____ |
| <input type="checkbox"/> Recycle Cans # _____ | <input type="checkbox"/> Projection Screen (3) # _____ |
| <input type="checkbox"/> Banners/Signage | |
| Placement location _____ | |
| <input type="checkbox"/> Other Services (Please specify) _____ | |
| <input type="checkbox"/> OPC SERVICES NOT REQUESTED | |

SPECIAL REQUIREMENTS:

- ☒ Alcohol will not be served ☐ Alcohol will be served
- * If alcohol is to be served/supplied, approval by the Chief of Police and the University President is required.

☒ Catering/Food Service: sodexho

** Sodexho has first right of refusal for on-campus catering.

Contact Sodexho: 805-437-8917 to discuss details.

sodexho@csuci.edu

SET-UP LAYOUT REQUESTED:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Theater/Auditorium | <input type="checkbox"/> Open Square |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> U-Shape |
| <input type="checkbox"/> Banquet/Dining | <input type="checkbox"/> Other (please attach a sketch of your layout) |

I.T. SERVICES REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> PC on cart | <input type="checkbox"/> Video Projector |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> Wireless Internet Services | <input type="checkbox"/> Print Services |
| <input type="checkbox"/> Guest Access to Internet | |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input checked="" type="checkbox"/> IT SERVICES NOT REQUESTED | |

TRANSPORTATION & PARKING:

- ☒ Directional signs must be provided to TPS 48 hrs. prior to event
- Signs provided by: Amber Weir
- Extension: x8548
- ☐ Prkg. attendants requested: _____
- Parking for event is designated by TPS: _____

APPROVALS: for administrative use only

PUBLIC SAFETY:

- ☐ Additional assistance is requested for this event. (please specify): _____

☐ **UNIV. POLICE CONSULTATION IS REQUIRED**

Divisional Vice President (approval of event and charge code) _____ Date _____

Events & Facilities Liaison (verification of space availability) _____ Date _____

Chief of Police (event notification & approval for alcohol) _____ Date _____

Dir. of Transportation & Parking (traffic control & parking) _____ Date _____

Information Technology (approval if IT services requested) _____ Date _____

Assoc. Dir. Buildings & Grounds (review setup/equip/layout/items) _____ Date _____

Assoc. VP for OPC (review completed events and facilities request) _____ Date _____

**Sodexho Manager (approval for waiver of catering services) _____ Date _____

*President (approval for alcohol supply and/or service) _____ Date _____

Please note: All events must comply with the Americans for Disabilities Act and be accessible to persons with disabilities. The sponsor of the event

is responsible for requests for access accommodations and for the cost of disability accommodations. Information available at www.ada.gov

C:\Documents and Settings\charles.sackerson\My Documents\PoeSymposium\Spring 08 PoeEFLUR Poe Symposium 4 18 08.xls

10/11/2007

Sackerson, Charles

From: Frazier, Judy
Sent: Thursday, October 11, 2007 5:28 PM
To: Sackerson, Charles
Cc: Swanson, Judy
Subject: RE: IT support for spring 2008 science symposium

Hi Charles:

I agree, I think you are all set. One thing we may be able to do to assist you is to make sure a technician is on site prior to the event and at the start just to make sure the equipment is working well. Also it is a good idea to make sure your presenters do not have any special needs or requests prior to the event. We will be happy to assist you in any way we can.

Regards,

Judy Frazier

Administrative Analyst
Information Technology Services
California State University Channel Islands
One University Drive
Camarillo, CA 93012
Phone: (805) 437-8402
Fax: (805) 437-8555

From: Sackerson, Charles
Sent: Thursday, October 11, 2007 5:23 PM
To: Frazier, Judy
Subject: IT support for spring 2008 science symposium

Hi Judy,

Thanks for your phone message. It sounds like we actually won't need IT support of the type that is an issue for the IRA proposal, since Aliso 150 is all set up. However, if something comes to mind, please let me know if there's anything I can/need to do.

best,
Charles

Dr. Charles Sackerson
Biology Program
203 Aliso Hall
California State University Channel Islands
One University Drive, Camarillo, CA 93012
(805) 437-8806
charles.sackerson@csuci.edu

10/11/2007

Application
Instructionally Related Activities Funds Request
2006 – 2007 Academic Year

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

We propose a symposium to be the fourth in the Poe Symposium series. The symposium will bring to campus 4 or 5 speakers to address issues related to the aging of our society. Topics to be addressed are: an overview of the medical aspects of aging, research into the basic biology of aging, development of therapeutics targeted to aspects of aging, the economic impacts of aging for both individuals and society, and the future challenge of providing social services for the aging.

Our society contains an increasing number of individuals who are entering their retirement years. The first members of the Baby Boom generation, which began after World War II (1946), will begin to enter retirement age (age 62) in 2008. Despite unprecedented prosperity during their earning years, a combination of low savings, a collapsing system of public and corporate funding for income and healthcare in retirement, increasing life spans, and increasingly expensive medical care lead to an urgent need to understand how our aging population will affect our society.

Come what may, it is today's college students who will be facing the challenges posed by the increasing average age of our society. This symposium will present a broad view of this emerging problem. The major focus will be on science, as is appropriate for the primary target audience of Biology and Chemistry majors. An introduction to the medical aspects of aging will open the symposium, followed by two talks on basic research into the biology of aging. Speakers have been chosen who will communicate effectively to an undergraduate audience. These talks will benefit all the undergraduate and graduate students in our science programs: the pre-health professions students (premed, nursing, medical imaging) as well as those targeting careers in biotechnology (both undergraduate and graduate). The fourth speaker will address the economics of aging, both at the household and societal levels. The concluding talk will address the challenges to state and local governments in meeting the needs for services. These talks will expand the symposium's relevance to a wide range of students outside the sciences, especially those in economics, political science, psychology, and sociology.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that related to the program proposed.

This symposium will be a required component of a number of courses offered in the Biology Program: Exploring the Living World (BIOL 100), Foundations of Life Science (BIOL 170), Organismal and Population Biology (BIOL 200), Cell and Molecular Biology (BIOL 201), Cell Biology (BIOL 300), Genetics (BIOL 302), Molecular Biology (BIOL 400), Biotechnology and Recombinant DNA Techniques (BIOL 401), Bioinformatics (BIOL 431), and Senior Capstone (BIO 499). In addition to the Biology Program, instructors in ESRM, Chemistry, Economics, Political Science, Psychology, and Sociology may find the program to be a worthwhile adjunct to their course offerings.

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

Where this symposium is a course component, the students will be assessed for their comprehension of the subject matter, and their ability to apply what they have learned to their lives and future plans.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Attachment A)


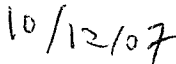
A budget is attached. Supplies are expected to be about \$500. Posters and other announcement media for the event, and post-event processing of the recorded symposium for availability to students who were unable to attend, is expected to be about \$1500. Honoraria and travel expenses are anticipated to average approximately \$1500 per speaker. No other funding is required because faculty in Biology will be organizing the event and arranging for the logistics of the event. Staff members and student assistants will also be helping.

5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

IRA funds will support the event as described above. Other tasks will be carried out by faculty, staff members and student assistants in Biology.

Signatures and Dates

 
Project Sponsor Date

 
Program Chair/Director Date

 
Dean Date

Application

205

To: Patricia Wheeler
From: Mary Devins

Hi Patricia,

Here is the Travel Reimburseme
her sign it, then send it back to

CSU Channel Islands
Mary Devins
One University Drive
Camarillo, CA 93012

Thanks,

Mary

waiting
for signed
form +
receipts

have
s to:

Patricia Wheeler
916-928-2267



C.I.T # _____

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

☐ Employee ☐ Applicant ☐ Volunteer ☒ Non-Employee ☐ Student (waiver on file)

TRAVELER'S NAME		RESIDENCE ADDRESS		CITY/STATE/ZIP CODE	
Lynn Daucher		990 Birchcrest Ave		Brea, CA 92821	
HEADQUARTERS ADDRESS		HEADQUARTERS CITY/STATE/ZIP		TRAVELER'S PHONE NO.	
One University Drive		Camarillo, CA 93012		916-419-7500	
DEPARTMENT		POSITION		DATE PREPARED	
				6/10/08	
DEPARTURE DATE	DEPARTURE TIME (AM/PM)	RETURN DATE	RETURN TIME (AM/PM)	FORM PREPARED BY:	EXTENSION
					DELIVERY OPTIONS
					SELECT ONE: Mail Check <input type="checkbox"/> Pickup Check <input type="checkbox"/>

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
		NA		NA		NA								0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
											PRIVATE CAR USE			
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
4/3/08						N/A		170.80	Air		124	62.62		233.42
4/4/08										21.00	123	62.12		83.12
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170.80		\$21.00	247	\$124.74	\$0.00	316.54
LESS AMOUNT PREVIOUSLY PAID BY CSUCI			AIR FARE				REGISTRATION			OTHER				0.00
LESS ANY OTHER ADJUSTMENTS														

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept	Program	Class	Project	Amount
* 606803	TK910	720	90171			316.54

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Total Amount \$316.54

Travel reimbursement for Lynn Daucher, Director California Department of Aging, who spoke at 4th Annual Poe Symposium on Aging in America, an IRA funded activity. State employee who can not receive honorarium. Form 204 and offer letter attached

NORMAL WORK DAYS & HOURS

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED

0.505

(If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME	CLAIMANT'S SIGNATURE & DATE
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE & DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)	DIVISION APPROVAL SIGNATURE & DATE
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)	GRANTS/CONTRACTS ANALYST SIGNATURE & DATE

Rev: A (01/08)



TRAVEL EXPENSE CLAIM (TEC)

C.I.T # _____

Must be submitted within 30 days of the end of travel

☒ Employee ☐ Applicant ☐ Volunteer ☐ Non-Employee ☐ Student (waiver on file)

TRAVELER'S NAME Stephen Clark		RESIDENCE ADDRESS 321 Frys Harbor Dr		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 437-3317	
DEPARTMENT 768		POSITION Professor		DATE PREPARED 5/5/08	
DEPARTURE DATE 5/1/08	DEPARTURE TIME (AM/PM) 10:00am	RETURN DATE 5/3/08	RETURN TIME (AM/PM) 6:00pm	FORM PREPARED BY: Mary Devins	EXTENSION 3253
SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>					

SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
		NA		NA		NA						0.00	0.00

OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES	AMOUNT	
5/1/08	Irvine, CA					N/A					95	47.98	47.98
5/3/08	return to Camarillo										95	47.98	19.90
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTAL		0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	190	\$95.95	\$19.90
LESS AMOUNT PREVIOUSLY PAID BY CSUCI													
LESS ANY OTHER ADJUSTMENTS													0.00
Comments:													

Source of Funding: (Please verify chartfields before submitting to AP)

AMOUNT DUE TRAVELER \$115.86

Account	Fund	Dept	Program	Class	Project	Amount
606001	GD901	768	00000	00000		115.86

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Total Amount \$115.86

Travel reimbursement for Stephen Clark to present at Cuba: New Research Directions conference in Irvine. Hotel accommodations and meals were provided by the conference. Dr. Clark is only asking for mileage reimbursement and reimbursement for internet so that he could access his email while at the conference. Travel Authorization and Conference program attached.	NORMAL WORK DAYS & HOURS
	PRIVATE VEHICLE LICENSE
	MILEAGE RATE CLAIMED 0.505 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME Stephen Clark	CLAIMANT'S SIGNATURE & DATE 5-5-08
MANAGER'S PRINTED NAME Terry Ballman	MANAGER'S SIGNATURE & DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)	DIVISION APPROVAL SIGNATURE & DATE
GRANTS/CONTRACTS ANALYST PRINTED NAME (for SA901 funds only)	GRANTS/CONTRACTS ANALYST SIGNATURE & DATE



TRAVEL AUTHORIZATION

C.I.T # _____

☒ Employee☐ Volunteer

Clark

Stephen

Spanish/3317

Stephen Clark

3317

4/21/08

Departure Date: 5/1/08

Return Date: 5/3/08

Destination: Irvine, CA

Purpose: Presenting paper at UC-Cuba Multi-Campus Research Program Conference: "Cuba: New Research Directions"

Transportation Approved

☐ Air☒ Personal Car☐ Rental Car☐ Other

Registration--Check any meals provided as part of registration fee--Please attach agenda at supervisor's request

In the Expense Estimates section, do NOT estimate meal expense for any meal included in registration fee

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast						x	x
Lunch						X	X
Dinner					X	X	

Expense Estimates			
Meals	\$ 75.00	Supervisor Comments/Restrictions	
Air Fare*	\$ -		
Registration Fees**	\$ -		
Mileage	190 x 0.505 \$ 95.95		
Lodging	\$ -		
Miscellaneous (taxis, parking, tolls, etc.)	parking? \$ 30.00		
Car Rental	\$ -		
Total Trip Estimate	\$ 200.95		
Adjusted trip estimate less any limits or restrictions			

* Airfare other than coach class must be pre-approved by CSUCI President.
** Registration fees may be paid for in advance of travel with a check request or use of Procurement card.

Account	Fund*	Dept	Program	Class	Project	Amount
Chartfield						
Chartfield						

* If fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international

Traveler Signature

Supervisor Signature

Division Approval Signature (V.P. or designee)

Grants/Contracts Analyst Signature (for SA901 funds only)

Title

Date

Title

Date

Title

Date

Title

Date

International Travel

All travel outside of the United States must be approved in advance by the CSUCI President

Travel Approved

President's Signature

Date

US State Department Meal Rate Approved

☐ Yes☐ Nohttp://aoprals.state.gov/web920/per_diem.asp

President's Signature

REV: A (01/08)



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For reservations across the nation
www.embassysuites.com or 1-800-EMBASSY®

Name & Address

CLARK, STEPHEN
321 FRY'S HARBOR DR
CAMARILLO, CA 93012
US

Suite 325/KNGN
Arrival Date 05/01/08 8:24PM
Departure Date 05/03/08

Adult/Child 1/0
Room Rate \$129.00

RATE PLAN C-UCC
HH#
AL:
BONUS AL: CAR:

Confirmation: 86414313

05/03/08 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
05/01/08	3128218	INTERNET ACCESS	\$9.95
05/02/08	3129087	INTERNET ACCESS	\$9.95
		WILL BE SETTLED TO MC *2216	\$19.90
		EFFECTIVE BALANCE OF	\$0.00

EXPRESS CHECK-OUT

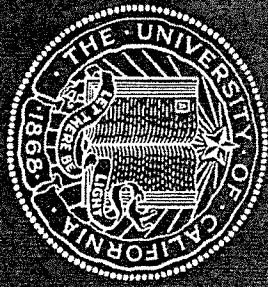
Good Morning ! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
 - For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	409314 INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

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UC-Cuba Multi-Campus Research Program

CUBA: NEW RESEARCH DIRECTIONS

May 2-3, 2008

University of California, Irvine



UC-CUBA Multi-Campus Research Program
University of California, Irvine
School of Social Sciences
3151 Social Science Plaza
Irvine, CA 92697-5100

Cover Art: Manuel Hernandez-Trujillo



**UC-Cuba Multi-Campus
Research Program**

CUBA: NEW RESEARCH DIRECTIONS

PROGRAM OF ACTIVITIES

May 2-3, 2008

University of California, Irvine
Conference Center

FRIDAY, May 2nd

9:00-9:20 AM - OPENING REMARKS

Doheny Beach AB

9:30-10:45 AM - CONCURRENT PANELS

Panel 1

Current Trends: Economy, Education
& Health in Today's Cuba
Doheny Beach CD

Moderator: Laura Enriquez, UC Berkeley

Cuba's Current Economic Situation:
Macroeconomic Performance, Structural
Changes, and Future Outlook
Paolo Spadolini, Rollins College

The Transition to the Market in Cuba's
Countyside
Laura Enriquez, UC Berkeley

Medical Diplomacy: The International
Dimension of Cuba's Health System
Julie Feinsilver,
Council of Hemispheric Affairs

Is Cuban Education A Model for the Rest of
Latin America?

Martin Carnoy, Stanford University

Discussant: Kamran Nayeri,
UC Office of the President

Panel 2

New Notes: (De)composing Cuba's
Musical Ties
Emerald Bay DE

Moderator: Raúl Fernández, UC Irvine

Gender Externity? Cracking the Mirror of the
Masculine and the Feminine in Cuban Music
Gema Guevara, University of Utah
Con el permiso de Bola
Alexandra Vázquez, Yale University

Feasting Westgate: The Silence of the Alaska
in Alejandro García Catulés
"Manzanas en el suelo"

Tamara Levitz, City University of New York

Discussant: Katherine Hagedorn, Pomona
College

11:00-12:30 PM - ROUNDTABLE #1

Current US-Cuba Relations

Doheny Beach AB

Moderator: Rubén Rumbaut, UC Irvine

Felix Masud-Piolo, De Paul University
Mavis Anderson, Latin American Working Group
Sylvia Wilhelm, Puentes Cubanos
Lisa Garcia Bedolla, UC Irvine
12:30-1:45 PM - LUNCH

2:00-3:15 PM - CONCURRENT PANELS

Panel 3

Rethinking Cuba's 19th Century History
& Literature
Doheny Beach CD

Moderator: Sara Johnson, UC San Diego

Imperial Modernity & José Martí's Latino
Modernism
Laura Lomas, Rutgers University

On the Poetics of Violence in José Martí
Agnes Lugo-Ortiz, University of Chicago

"Una nueva república asombrada con nuestra
herencia in the Santo Domingo Hall": Antonio
Marrero and Caribbean Dimensions of Cuban
Nationalism
Philippe Zecchi, CSU Fullerton

Discussant: Susan Gilman, UC Santa Cruz

Panel 4

19th & 20th Centuries Nationalism: Changing
Meanings of "Cubanidad"
Emerald Bay DE

Moderator/Discussant: María Elena Díez, UC
Santa Cruz

Spanishness and Belonging before "Cubanidad"
David Santoflor, University of Maryland

Cuba y la búsqueda de un estado como la zona
El discurso nacional en tiempos de crisis
Jorge Manturano, UC Los Angeles

African Identities and the Making of Cuba's 1944
Women
Aisha Finch, UC Los Angeles

Cuban Slavery and the Science of Work
José Ortega, Whittier College

3:30-5:00 PM - KEYNOTE PRESENTATION

Doheny Beach AB

In Praise of Science Fiction: Cuba, the US and Cuban Studies

Damián Fernández, Director, Cuban Research Institute
Florida International University

SATURDAY, May 3rd

8:30-9:45 AM - Panel 5

Present Text: Leonor de Padua's Fiction
Doheny Beach AB

Moderator: Ivette Hernández-Torres, UC Irvine

La ficción breve de Leonor de Padua: Fuentes, significados textuales y contextos
Stephen Clark, CSU Channel Islands

La ficción del ayer: Heterotopía y Representación en la novela negra de Leonor de Padua Fuentes
Jonathan Dellman, UC Davis

Cuando ausente cuerpo presente: la mirada blanca en la novela negra de Leonor de Padua Fuentes

José Angel Rosado, UPR Cayey

Discussant: Juan C. Quiñero Herencia, University of Maryland

10:00-10:45 AM - ROUNDTABLE #2

Current Doctoral Research by UCI CUBA Graduate Fellows
Doheny Beach AB

Moderator: Robin Derby, UC Los Angeles
Rebecca Bodenheimer, Ethnomusicology, UC Berkeley
Ivette Gómez, Spanish & Portuguese, UC Irvine
Monika Gosin, Ethnic Studies, UC San Diego
Nadia Sanko, Spanish & Portuguese, UC Los Angeles
Joshua Jolly-Schapiro, Geography, UC Berkeley
Beth Rosenblum, Art History, UC Los Angeles

11:00-12:15 PM - CONCURRENT PANELS

Panel 6

Sex Trade & Tourism in Post-Soviet Cuba
Doheny Beach CD

Moderator: Amalia Cabezas, UC Riverside

Sex and Settlement in Cuban Tourism
Florence Babb, University of Florida

The Mapping and Tracking of Immigrants and
Other Abolished Post-Soviet and Diasporas
Karina Caspedes, SUNY Oneonta

A "Cuban" Transnational Feminist Analysis of
Sex Work in Post-Soviet Cuba
Elisa Paoli, University of Colorado, Boulder

Tourism and Consumption: New Patterns of
Youth Material Culture in Havana
Derrick Hodge, Trinity College

Panel 7

Gender & Sexuality in Literary Discourses
of the Present
Emerald Bay DE

Moderator: Emilio Bejel, UC Davis

Variegated Poni
José Quiroga, Emory University

Representaciones de la virid, género y feminidad
en la novela de Padua a través de
Guillermo De Ferrari, University of
Wisconsin, Madison

La sexualidad literaria de dar en dar: Temáticas
de esta de Ariel González Díaz
Carlos Espinosa, Mississippi State
University
Discussant: Marta Hernández,
UC Riverside

12:30-1:45 PM - LUNCH

2:00-3:15 PM - ROUNDTABLE #3

Topic: E. J. E. S. Surabian & the Story of the 21st Century
Doheny Beach AB

Antonio José Pomie
Rafael Rojas
Amit Vail

Discussants: Lourdes Martínez-Echazabal, UC Santa Cruz
Ariana Hernández Reguant, UC San Diego

3:30-4:30 PM - WORKING SESSIONS

FACILITATORS

Lillian Manzor, University of Miami
Ken Janda, UC Irvine
Debbie Blum, CSU Fresno
Nancy Mirabal, San Francisco State University
Sheryl Lujans, California State University San Marcos
Daniel Whitesell, Irvine Valley College
Virginia Bonitez, UC San Cruz

4:45-5:00 PM - CLOSING REMARKS