



NATIONAL
IMMIGRATION
LAW CENTER
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IMMIGRANTS AND PUBLIC BENEFITS NEW MEXICO TRAINING

MAY 15, 2008

NM center on law and poverty

TRAINING INFORMATION – PLEASE REGISTER BY MAY 5, 2008!

Date: Thursday, May 15 (Training on Immigrants and Public Benefits, all day)

Place: State Bar of New Mexico, 5121 Masthead NE, Albuquerque, NM 87109

Time: May 15: 8:30 a.m. - 5:00 p.m. (Registration & light breakfast 8:30-9 a.m.)

Training Topics:

May 15th:

- Overview of immigrants' eligibility for federal and state public benefits
- An overview of the rights of mixed status households to receive benefits
- Participatory Exercises and Case Studies
- An overview of barriers that prevent immigrants and their eligible children from enrolling in benefits (e.g. public charge, fears of INS, unnecessary demands for SSNs)
- A presentation on methods for immigrants to address Medical Debt
- Strategies on how best to advocate for non-citizen clients seeking benefits
- Regional resources

Register on or before May 5, 2008

\$40 (price includes box lunch & materials)

(Scholarships Available)

Please make your check payable to New Mexico Center on Law and Poverty and mail it to Pauline Sargent, New Mexico Center on Law and Poverty, (720 Vassar Drive NE, Albuquerque, NM, 87106), or you can fax this registration form to NM Center on Law and Poverty at (505) 255-2778. For more information about this training contact Pauline Sargent at NM Center on Law and Poverty (505-255-2840 or pauline@nmpovertylaw.org). (Please be aware that the Center is not able to accept credit card payments). In order to secure your seat we also recommend that you also fax in your registration before mailing it with check. **To ensure your spot, send your check promptly.**

(PLEASE TYPE OR PRINT CLEARLY)

NAME: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

METHOD OF PAYMENT: CASH CHECK Check#: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____ Website: _____

Please include email address in order to receive registration confirmation

Check here to include your contact information in a participant directory.

I would like a vegetarian lunch.

Special Needs: Mobility Disability Audio Visual Disability Other _____

I need an interpreter in _____ language

Necesito un intérprete en español.