



Reeling in Success Through 4-H

LCORT 2012

LEADERSHIP CONFERENCE
OF
REGIONAL TEENS, 2012



Reeling in Success Through 4-H

WHAT: Leadership Conference of Regional Teens (LCORT)

WHEN: January 27-29, 2012

- Check-in: Friday, January 27, 6-9 p.m.
- Adjournment: Sunday, January 29, at noon

WHERE: **Wonder Valley Ranch**
6450 Elwood Road
Sanger, CA 93657

PLEASE NOTE: The Wonder Valley website at www.wondervalley.com is the *only* reliable source of directions.

WHO: *7th-9th Grade 4-Hers
*County Leadership Teams (10th Grade & Above)
*State Ambassadors, Technology Leadership Team Members, Leaders, and Staff

COST: **\$75 for Merced County 4-H Members, No Cost to Chaperones (Total cost \$140, Merced County covers the difference, no shows will be expected to reimburse that cost)** – includes 2 nights lodging, 4 meals (Saturday breakfast through Sunday breakfast), snacks, all registration materials, and an LCORT T-shirt. (\$85.00 after December 1, 2011.)

THEME: Reeling in Success Through 4-H.

WHY: To define and develop your leadership abilities. To have an opportunity to meet and share ideas with other 4-H youth and adults. To expand your perspective on the world around you and to have an enjoyable time.

EVERY DELEGATE IS EXPECTED TO:

- *Attend and participate in all sessions and activities.
- *Act in accordance with the 4-H Code of Conduct and Dress Code.
- *Be responsible for his/her behavior and belongings.
- *Follow all facility rules.

BE SURE TO BRING WITH YOU...

- *Toiletries, personal items, towels, etc.
- *Suitable changes of clothing (for 2 days), including a jacket.
- *A sleeping bag or blankets and a pillow.

PLEASE DO NOT BRING...

- *Food—Don't worry, you'll be well fed!
- *Clothing that will not meet the dress code standards.
- *Electronics or other valuables that you will not absolutely need.
(All personal belongings are brought at the owner's risk.)

ACCOMODATIONS:

Dorm type rooms with 6 to 10 people per room. Each room has a bathroom and shower. Workshop sessions will be held in meeting rooms and multipurpose rooms.

Use of personal electronics (including, iPods and other MP3 players, cell phones, video games, etc.) is **NOT ALLOWED** in workshop sessions. **Neither the South Central Section 4-H Council nor Wonder Valley will be responsible for lost or stolen clothing, electronics, or other personal articles.**

**LCORT 2012– LEADERSHIP CONFERENCE OF REGIONAL TEENS
January 27-29, 2012**

YOUTH REGISTRATION FORM

Name _____ County _____ Club _____

Address _____ City _____ Zip _____

E-mail: _____

Telephone: (____) _____ Gender: Male ___ Female ___

4-H Enrollment Type: Youth X Adult ___

YOUTH: Grade ___ Age ___

DELEGATE STATUS (Choose one): Youth Delegate ___ Leadership Team Member ___
State Ambassador ___ TLT Member ___ LCORT Staff ___

T-Shirt Size: _____ *T-shirts are included in your registration fee.*
(Available in Youth Small--Adult 3X. Shirts will be white with a black conference logo.)

Roommate preference*: _____

*We will do our best to accommodate your request; however, we do not guarantee your choice of roommate, especially if that person does not also request you. Room changes will ***not*** be made at LCORT.

Registration Fee is **NON-REFUNDABLE** due to the program and facilities. If a delegate cancels, county staff may request substitution of a delegate of the same sex, but substitutions are at the discretion of LCORT staff.

PERMISSION SLIP

I give permission for my son/daughter _____ to attend LCORT at Wonder Valley Ranch in Sanger, CA, on January 27 - 29, 2012. He/She will be riding with: _____, and returning with _____.

Signature of Parent or Legal Guardian: _____

[] Please check if 4-H member/leader will have special needs during LCORT (medical, dietary, etc.) and explain need(s): _____

Enclose with Registration Form:

- Registration fee (\$140.00 + \$10.00 for late registrations, if applicable. Confirm the amount you owe with your club/county.) **Merced County Members \$75**
- Signed copy of 4-H Code of Conduct (requires Parent/Guardian & Member's Signatures)
- Signed Medical Treatment Form (requires Parent/Guardian Signatures).

*****TIP: Make a copy, have it signed again (only "original" signatures are valid), and carry it with you.**

****REQUIRED-- This member is in good standing with our Club and County 4-H Program**

Community Club Leader: _____ Date: _____

4-H Staff: _____ Date: _____

LCORT 4-H CODE OF CONDUCT

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants — members, volunteers, and 4-H YDP staff — shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others.

While attending LCORT, you are representing all of 4-H:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperons and/or project volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages and/or drugs, or other than prescription medication is prohibited; participants are not to smoke in group meetings, or in sleeping areas.
3. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language, roughhousing, and insubordination will not be tolerated at any time.
6. Youth members and volunteers should demonstrate respect for one another.
7. Display of overly affectionate attention between participants is discouraged.
8. All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the event.
9. No member or volunteer may leave the grounds unless permission is secured from the conference director or adult in charge. 4-H members must be accompanied by an adult. Adults must notify another adult in the delegation before leaving grounds.
10. At overnight events, only Conference participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite sex. Lounges may be used only for working committees and social activities.
11. Room service such as phone calls, food, laundry, or others will not be permitted.

ADDITIONAL LCORT RULES

12. Nametags must be worn (around the neck) at all times.
13. No electronic devices (i.e. MP3 players and other portable stereos, games, etc.) may be used during sessions.
14. Do not purposely damage the facility.
15. Dorm areas are off limits during sessions, and delegates may not be in rooms without a chaperone present.
16. Be prepared! Take all materials with you (i.e. binders, pencil, and paper) to the sessions.
17. Follow the LCORT Dress Code (see Page 4 of registration packet).

PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation and to the adult conference coordinator who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

Sending a participant home; barring that participant from future 4-H events; assessing the participant the cost of damages and repairs in the event of damage/destruction of property; releasing the participant to nearest law enforcement agency and/or the proper authorities; and termination of 4-H membership (youth and adult).

Parents and the county 4-H office will be notified of action taken. If a participant is sent home, fees will not be refunded, and will be at the participant's own expense.

I, (Print Name) _____ have read the Code of Conduct and agree to abide by its rules.
I understand that infraction of this Code will result in any or all of the penalties listed above.

MEMBER/VOLUNTEER _____ COUNTY _____

PARENT/GUARDIAN _____ DATE: _____

LCORT Dress Code

Please be advised that the following dress code will be enforced for all individuals attending the conference, including chaperones.

1. Clothing: All clothing shall be neat, clean, acceptable in repair and appearance, and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
4. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider than one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.

Dress Code Violations



MEDICAL TREATMENT FORM – MINOR

University of California 4-H Youth Development Program

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

My Child _____ has my permission to attend the

name of child

LCORT 2012

name of 4-H club, activity or event

located at or near

Wonder Valley Ranch, Sanger

City or town

in Fresno, CA

state or county

between the dates of

January 27, 2012

and January 29, 2012

While my child is attending or traveling to or from this 4-H function, **I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR STAFF MEMBER**, or in his/her absence or disability, any adult accompanying or assisting him/her, **TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:**

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

date

signature of parent/legal guardian

emergency phone DAY

mailing address

Zip code

emergency phone NIGHT

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the County 4-H Office informed.

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

SIGNATURE

DATE

PLEASE COMPLETE THE HEALTH HISTORY INFORMATION ON THE REVERSE SIDE.

University policy and the State of California Information Practices Act of 1977 requires the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide needed medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, California 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as follows: None.

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HEALTH HISTORY INFORMATION

(This information is confidential and will be used only in case of emergency.)

Name of 4-H Member: _____
 Social Security Number: _____ Date of Birth: _____ / _____ / _____
 (Optional) Month Day Year

Is your child subject to:	Yes	No	Does your child have or has ever had:	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed ?	<input type="checkbox"/>	<input type="checkbox"/>

Is the child currently under any type of medical treatment?

Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationships with authority figures or peers, or abnormally severe moodiness?

Has the child been under psychiatric treatment within the past three years?

Date of Child's last Tetanus Vaccination: ____ / ____ / ____
M D Y

Please identify over-the-counter medications that we may administer. For example: Antacid, Aspirin.

Please identify child's allergies, including allergies to food, medications, or drug reactions you know about:

Please list any disabilities or disorders that may affect your child's participation at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications that child is presently taking:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>

Remarks and any special instructions. Please explain "Yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

LCORT 2012 – LEADERSHIP CONFERENCE OF REGIONAL TEENS
January 27-29, 2012

ADULT REGISTRATION FORM

Name _____ County _____ Club _____

Address _____ City _____ Zip _____

E-mail _____

Telephone: (____) _____ Gender: Male ___ Female ___

Cell Phone: (____) _____ (Check here if you are willing to have it distributed to other conference chaperones.)

4-H ENROLLMENT TYPE: Youth ___ Adult X

CHAPERONE TYPE: Delegate Chaperone (25 or older) ___ Leadership Team Advisor ___

T-Shirt Size: _____ *T-shirts are included in your registration fee.*

(Available in Youth Small--Adult 3X. Shirts will be white with a black conference logo.)

If you need to room with a specific delegate or delegates, list delegate name(s) here:

Chaperone Responsibilities

I understand that as a chaperone, I may be roomed with members from other counties. If my child is attending LCORT and it is necessary that I room with my child, I have listed his/her name above. Delegate Chaperones will be expected to rotate through workshop sessions and will be assigned randomly to a workshop rotation group. Leadership Team Advisors will be expected to supervise and assist their leadership teams. As a Delegate Chaperone or Leadership Team Advisor, I will supervise the youth assigned to my dorm room and will provide supervision at an assigned recreational area Saturday afternoon and Saturday evening. I will model appropriate behavior and dress at all times, and I will assist conference staff in correcting delegate violations of dress code and code of conduct. I will report violations of the code of conduct to the Conference Dean(s). I agree to accept all of these responsibilities.

Signature required for registration

Registration Fee is **NON-REFUNDABLE** due to the program and facilities. County staff may request substitution of a chaperone of the same sex, but all substitutions are at the discretion of LCORT staff.

[] Please check if you will have special needs during LCORT (medical, dietary, etc.) and explain need(s):

Enclose with Registration Form:

- Registration fee (\$140.00 + \$10.00 for late registrations, if applicable. Confirm the amount you owe with your club/county.) **Merced County Chaperones no cost**
- Signed copy of 4-H Code of Conduct
- Signed Medical Treatment Form

****REQUIRED-- This leader is in good standing with our Club and County 4-H Program**

Community Club Leader: _____ Date: _____

4-H Staff: _____ Date: _____

LCORT 4-H CODE OF CONDUCT - ADULT

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants — members, volunteers, and 4-H YDP staff — shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others.

While attending LCORT, you are representing all of 4-H:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperons and/or project volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages and/or drugs, or other than prescription medication is prohibited; participants are not to smoke in group meetings, or in sleeping areas.
3. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language, roughhousing, and insubordination will not be tolerated at any time.
6. Youth members and volunteers should demonstrate respect for one another.
7. Display of overly affectionate attention between participants is discouraged.
8. All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the event.
9. No member or volunteer may leave the grounds unless permission is secured from the conference director or adult in charge. 4-H members must be accompanied by an adult. Adults must notify another adult in the delegation before leaving grounds.
10. At overnight events, only Conference participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite sex. Lounges may be used only for working committees and social activities.
11. Room service such as phone calls, food, laundry, or others will not be permitted.

ADDITIONAL LCORT RULES

12. Nametags must be worn (around the neck) at all times.
13. No electronic devices (i.e. MP3 players and other portable stereos, games, etc.) may be used during sessions.
14. Do not purposely damage the facility.
15. Dorm areas are off limits during sessions, and delegates may not be in rooms without a chaperone present.
16. Be prepared! Take all materials with you (i.e. binders, pencil, and paper) to the sessions.
17. Follow the LCORT Dress Code (see Page 4 of registration packet).

PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation and to the adult conference coordinator who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

Sending a participant home; barring that participant from future 4-H events; assessing the participant the cost of damages and repairs in the event of damage/destruction of property; releasing the participant to nearest law enforcement agency and/or the proper authorities; and termination of 4-H membership (youth and adult).

Parents and the county 4-H office will be notified of action taken. If a participant is sent home, fees will not be refunded, and will be at the participant's own expense.

I, (Print Name) _____ have read the Code of Conduct and agree to abide by its rules.
I understand that infraction of this Code will result in any or all of the penalties listed above.

VOLUNTEER _____ COUNTY _____

PARENT/GUARDIAN _____ DATE: _____

LCORT Dress Code

Please be advised that the following dress code will be enforced for all individuals attending the conference, including chaperones.

1. Clothing: All clothing shall be neat, clean, acceptable in repair and appearance, and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
4. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider than one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.

Dress Code Violations



Adult (18 and older)

ADULT MEDICAL TREATMENT FORM
University of California 4-H Youth Development Program

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

_____ LCORT 2012
First Name Last Name
FRESNO, CA JANUARY 27, 2012 TO JANUARY 29, 2012
County and State Dates (From / To)

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

Name Relationship to Adult Identified Above
(_____) _____ (_____) _____
Emergency Day Phone (with area code) Cell phone (with area code) Emergency Night Phone (with area code)

Mailing Address City State Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that I am in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

Signature Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the State 4-H Director of the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own records are open to your review. Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Health History Information**

_____	_____	_____	____/____/____
First Name	Last Name	County	Date of Birth

Subject to:	Yes	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.
Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096

