Workshop on Public Employment Services

Activity of the Inter-American Network for Labor Administration (RIAL)

INFORMATION BULLETIN

Venue: Hotel Riande Continental of City of Panama
Date: December 10 and 11, 2008.
Address: Via España y Calle Ricardo Arias

This Workshop is part of the IACML Calendar of Activities for 2008-2009, and it is jointly organized by the Ministry of Labor and Labor Development of Panama and the Organization of American States (OAS), in partnership with the Ministry of Labor, Employment and Social Security of Argentina and the World Association of Public Employment Services (WAPES). It is funded by the Government of Canada, through the contribution it has provided to the RIAL.

Participants:

- Officers from the Ministries of Labour of the 34 OAS Member States responsible for public employment services issues.
- Representatives from COSATE and CEATAL.
- Representatives from ILO and other relevant international organizations, as well as experts on the matter.

Registration:
Participants must fill out the Registration Form enclosed to this bulletin and send it to the IACML Technical Secretariat, as indicated.

Funding:
The OAS, with funding provided by the Canadian Government, will cover travel expenses (airplane fare and per diem) for some representatives from Ministries of Labor of smaller economies, 2 COSATE representatives and 2 CEATAL representatives.

Those officials who would like to receive funding should indicate it in the Registration Form and send it before November 10. The OAS will analyze the requests on a first- come first-serve basis and confirm each participant's funding as soon as possible.

In collaboration with:

MINISTERIO de TRABAJO EMPLEO y SEGURIDAD SOCIAL

AMSEP WAPES AMSPE

Lodging:
Each participant is responsible for booking a room in the hotel of his or her preference, except those that qualify for financial assistance, in which case the OAS will make their reservations.

Recommended hotel:

Hotel Riande Continental ✯✯✯✯
Address: Vía España, Calle Ricardo Arias
Phone: (direct) (507)366-7780 or (507) 366-7794
Fax: (507) 366-7977
Participants that will not be funded by the OAS, please send the Registration Form (attached) by November 25 to: mcapel@hotelesriande.com; reservas@hotelesriande.com

Transportation from and to the airport:
The Ministry of Labor and Labor Development (MITRADEL) of Panama will offer transportation to all delegates. We kindly ask you to send your itinerary information and flight numbers to: yeimyisbell@hotmail.com; aangarita@oas.org.

Arrival and departure requirements:
Participants are responsible for meeting visa requirements established by Panama. Consult the requirements for each country at the web site of the National Directorate of Immigration and Naturalization: http://www.migracion.gob.pa/eng/servicio.php?cont=paisvisa

Language:
Simultaneous interpretation in English and Spanish will be provided at the Meeting.

Currency:
The currency of Panama is the Balboa. The exchange rate is US$ 1= $ 1 PAB.

Weather:
December is the rainy season in Panama; the temperature varies between 26 y 30°C (79- 86 °F).

Information:
For further information on the Meeting, please contact:
Technical Secretariat of the IACML
OAS Department of Social Development and Employment
Att. María Claudia Camacho or Ana Maria Angarita
Tel: 1 (202) 458-3446, 1 (202) 458-3207 - mcamacho@oas.org; aangarita@oas.org

Person to contact at MITRADEL of Panama:
Mr. Ricardo Aguilar Jaen, Advisor for International Affairs
Tel: (507) 560-1118 (direct) and (507) 560-1119
E-mail: yeimyisbell@hotmail.com

Updated information on the Seminar can be found at: www.sedi.oas.org/ddse

Taller sobre Servicios Públicos de Empleo
RIAL Workshop on Public Employment Services

Diciembre /December 10-11, 2008
Ciudad de Panamá, Panamá

FORMULARIO DE REGISTRO / REGISTRATION FORM

Last Name / Apellidos		First Name / Nombre
Title / Cargo		
Organization / Organización		
Country / País		
Telephone / Teléfono	Fax	E-mail / Correo Electrónico

¿Requiere asistencia financiera para participar en la reunión?*
*Do you need financial assistance to participate in the meeting?**

Si / Yes ___ **No ___**

Si requiere asistencia financiera, por favor envíe este Formulario de Registro a la Secretaría Técnica de la CIMT a más tardar el **10 de noviembre, 2008**. De lo contrario, la fecha límite para recibir este formulario es el 30 de noviembre, 2008.

*Should you require financial assistance, please submit the registration form to the Technical Secretariat of the IACML no later than **November 10, 2008**. Otherwise the final deadline for submitting this form is November 30, 2008.*

Envíe formulario a / Sent Form to:
Ana María Angarita, DDSE/OEA
E-mail: aangarita@oas.org
Fax: 1 (202) 458 3149
Tel: 1 (202) 458 3446

* La asistencia financiera está disponible para funcionarios que tengan bajo su responsabilidad el tema de servicios de empleo de los Ministerios de Trabajo de pequeñas economías. Los recursos son limitados, por lo que las solicitudes se analizarán y adjudicarán por orden de llegada.

** Financial assistance is available only to officers dealing with employment services of Ministries of Labor from smaller economies. Resources are limited and requests will be analyzed on a first-come first-serve basis.*

OEA/OAS - Ministerio de Trabajo/Ministry of Labor
9 al 12 de Diciembre, 2008 / December 9 to 12, 2008

ESTE FORMULARIO DEBE SER ENVIADO ÚNICAMENTE PARA PARTICIPANTES NO FINANCIADOS POR LA OEA / *THIS REGISTRATION FORM SHOULD ONLY BE SENT TO PARTICIPANTS WHO WILL NOT RECEIVE FUNDING BY THE OAS*

HOTEL CONTINENTAL

Para realizar su reservación favor completar este formulario / *In order to make your reservation please complete this form:*

Formulario de Reservación / *Reservation Form:*

Arribo/*Check-in*: Mes/*Month* ____ Día/ *Day*____ Año/ *Year* ___
Salida: Mes/*Month* ____ Día/*Day*____ Año/*Year* _____
Aerolínea y # Vuelo / *Airline and Flight #* _____
Aerolínea y # Vuelo / *Airline and Flight #* _____
Hora de arribo/ *Arrival time* _____ Fecha de salida/ *Departure date* _____

Título/ *Title*: Sr.___/ Sra.___ / Srta._____
Apellido/ *Last Name* _____ Primer nombre/ *First Name* _____
Apellido/ *Last Name* _____ Primer nombre/ *First Name*_____
Teléfono( )_____ Fax. ( )_____ E-mail: _____

Hotel Riande Continental

Tipo de Habitación/ *Type of Room*: Standard **Sencilla/*Single* $ 135.00**
Doble/*Double* $ 145.00

Más el 10% de impuestos/ *Plus 10% of taxes*

Este precio incluye / *This price includes*:

- Desayuno/ *Breakfast*
- Cupón de Casino (Sujeto a disponibilidad)/ *Casino coupon (subject to availability)*
- Bienvenida por el Coordinador de Grupo / Welcoming by the Group Coordinator
- Uso de las instalaciones / *Used of the facilities*

Las tarifas están sujetas a disponibilidad y el bloque de habitaciones está hasta el 25 de Noviembre del 2008 / *Rates are subject to availability and rooms are blocked until November 25, 2008*.

Para procesar sus solicitudes, Por favor devolvernos este formulario completo a los correos:
reservas@hotelesriande.com – Hotel Continental Teléfonos (507)263-9999 ext 783/784

mcapel@hotelesriande.com – Gerente de Ventas (507)213-0455-269-3766

In order process your requests, please send this form to:

reservas@hotelesriande.com - Continental Hotel Telephones (507)263-9999 ext 783/784

mcapel@hotelesriande.com - Sales Manager (507)213-0455-269-3766

Para garantizar su reservación, sírvase proporcionarnos la información de su tarjeta de crédito (Visa, AMEX, Master Card), con fecha de expiración y nombre / *In order to guarantee your resevation please provide your credit card information (Visa, AMEX, Master Card), expiration date and cardholder's name.*

Nombre/ *Name*_____ Tipo de tarjeta/ *Type of card*_____
Número de tarjeta de crédito / *Credit Card No.* _____
Fecha de vencimiento / *Expiration Date* _____

Para mayor información visite nuestra página web / *For further information visit our Web site at*: wwwhotelesriande.com