



COALITION OF BLACK TRADE UNIONISTS TRI-STATE REGION 1

Sharon Lovelady-Hall, CBTU Region 1 Director
Andrea McCormack, Secretary
Nina Manning, Treasurer
Ursula Howard, Women's Committee Chair
Vacant, Men's Committee Chair
LaNette Murphy, Youth Committee Chair
Juanita Forde, Younger Workers Committee Chair

Region1CBTU@hotmail.com

June 2025

Dear CBTU Brother and Sisters:

I am excited to announce that the Coalition of Black Trade Unionists Annual Region 1 Conference will be held August 15-17, 2025, at Crowne Plaza Albany – The Desmond Hotel 660 Albany Shaker Road, Albany, NY 12211. Continuing the celebration of the International CBTU 54th Anniversary, our theme is also “Preserving and Building on Our Legacy: Unbought, Unbossed, Unstoppable.” The agenda will consist of education and information that will give us an opportunity to reflect on our power and influence in the labor movement and our communities in the fight for social and economic justice.

The following information is enclosed/attached:

1. *Tentative Conference Agenda*
2. *Pre-Registration Form (please make additional copies if needed)*
3. *Youth Registration Form along with Parental Agreement*
4. *Youth Sponsorship Form*
5. *Additional Meal Ticket Order Form*
6. *Journal Ad Form*
7. *Women's Award Nomination Form*
8. *Men's Award Nomination Form*
9. *Scholarship Application 2025*

CONFERENCE REGISTRATION

Please complete the Pre-Registration form and return it to the address listed on the form, no later than **July 18, 2025**. Each person must complete a separate registration form.

Registration costs per person are as follows **(U.S. Currency) - Includes conference material, Friday reception, Saturday luncheon & banquet, Sunday breakfast:**

CBTU Members: \$225.00
Guests: \$225.00
Retirees: \$175.00
Banquet only \$100.00
Youth \$125.00
Friday Break \$ 35.00
Saturday Luncheon only \$ 60.00
Sunday Breakfast \$ 40.00

NO PERSONAL CHECKS ACCEPTED AT ON-SITE REGISTRATION.
PLEASE NOTE: ON-SITE REGISTRATION IS AN ADDITIONAL \$25

HOTEL ACCOMMODATIONS:

Our conference hotel is the Crowne Plaza Albany – The Desmond Hotel 660 Albany Shaker Road, Albany, NY 12211. To make your hotel reservations, advise attending the CBTU Region 1 Conference:

Reservation phone #:

Call-in Reservations please use Group Code **CBZ** and to call the Hotel direct at 518-869-8100.

Or Click on the link below:

[CBTU Region 1 BOOK HERE Conference](#)

Hotel Room Rate is: Single/Double \$160, plus 14.50% Occupancy and NYS Tax)

ATTENTION: THE CONFERENCE RATE IS AVAILABLE UNTIL July 18, 2025.
Regular rates will apply after this date.

AWARDS BANQUET/JOURNAL ADS:

We will recognize and honor leaders/activist at the Awards Banquet on Saturday, August 16, 2025. We encourage you to support the Region by purchasing an ad or soliciting ads for the Awards Banquet Journal. Forms must be completed and submitted with full payment, no later than **July 18, 2025.**

YOUTH PARTICIPATION:

The CBTU Youth Conference is designed to teach our youth about the importance of unions, the value of labor in America and the need for the movement to continue. The age range for the youth is 5-16 years old. Any parent or adult wishing to sponsor a youth(s) to attend the conference will be responsible for the \$125 registration fee. The fee is paid directly to the Region. Youth registrations should be completed and returned no later than **July 18, 2025. (On-site registration is an additional \$15 per youth)**

The Region Conference provides an opportunity to network and gain information, skills and ideas to be a force in labor and our communities. We look forward to your participation. If you have any questions or require any additional information concerning the conference, you may contact me at 1-800-342-4146 ext. 1469.

In solidarity,



Sharon Lovelady-Hall
CBTU Region1 Director



**CBTU REGION ONE
Annual Conference
Crowne Plaza Albany – The Desmond Hotel,
660 Albany Shaker Road, Albany, NY 12211
August 15-17, 2025**

**"Preserving and Building on Our Legacy:
Unbought, Unbossed, Unstoppable"**

CONFERENCE AGENDA

FRIDAY, AUGUST 15, 2025

1:00 p.m. -to- 4:00 p.m. Registration
2:30 p.m. -to- 3:00 p.m. Opening Refreshment Break
3:00 p.m. -to- 4:30 p.m. Opening Session: "Preserving Our Legacy"

SATURDAY, AUGUST 16, 2025

8:00 a.m. -to- 9:30 a.m. Conference Registration
8:30 a.m. -to-10:00 a.m. General Session: "Building on Our Legacy"
10:15 a.m.-to-11:45 p.m. "We Are Unbought & Unbossed"
12:00 p.m.-to- 1:15 p.m. Lunch
1:30 p.m. -to- 3:00 p.m. "We Are Unstoppable"

SATURDAY, AUGUST 16, 2025, cont'd

6:30 p.m. Region 1 Awards Banquet

SUNDAY, JULY 17, 2025

7:15 a.m. -to- 8:30 a.m. Conference Closing Breakfast

9:00 a.m. -to- 10:00 a.m. Worship Service

CBTU Region One – 2025 Conference

Crowne Plaza Albany – The Desmond Hotel, 660 Albany Shaker Road, Albany, NY 12211

August 15-17, 2025

Pre-Registration Form

(Forms must be returned by July 18, 2025)

Name: _____ Phone: _____

Organization Name: _____ Chapter: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Is this your first time attending: Yes _____ No _____

YES, I will attend the conference and would like to register for the following:

FULL PACKAGE: *(includes Friday break, luncheon & banquet, Sunday breakfast)*

- GUEST/MEMBER \$225.00 (U.S.) _____
- RETIREE \$175.00 (U.S.) _____

ON SITE REGISTRATION WILL BE AN ADDITIONAL \$25

PLEASE ADVISE OF ANY FOOD ALLERGIES OR DIETARY RESTRICTIONS:

REGRETS, I CANNOT ATTEND, ENCLOSED IS A DONATION OF: \$ _____

Make all checks payable to: CBTU Region 1 and mail to:

CBTU Region 1
P.O. Box 5725
Albany, NY 12205

NO PERSONAL CHECKS WILL BE ACCEPTED AT ON-SITE REGISTRATION

*If you have any questions regarding registration, please contact
Sharon Lovelady-Hall 1-800-342-4146 ext. 1469*

CBTU Region One – 2025 Conference

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August 15-17, 2025

YOUTH Pre-Registration (5-16 years old)

(Forms must be returned by July 18, 2025)

If you are bringing a youth(s), please submit this form and payment to the Region.

On-site registration is an additional \$15 per youth

CBTU MEMBER'S NAME: _____

Street Address: _____

CHAPTER: _____

E-Mail Address: _____

Date of Arrival: _____

PLEASE LIST NAMES AND AGE OF YOUTH:

1. _____ AGE _____ 4. _____ AGE _____

2. _____ AGE _____ 5. _____ AGE _____

3. _____ AGE _____ 6. _____ AGE _____

Pre-Registration: Number of youth _____ X \$125.00 each = _____ check amount _____

On-site Registration: Number of youth _____ X \$140.00 each = _____ cash amount

Please advise of any food allergies or dietary restrictions: _____

Make all checks payable to: CBTU Region 1 and mail to:

CBTU Region 1
P.O. Box 5725
Albany, NY 12205

**NO YOUTH WILL BE ALLOWED TO PARTICIPATE WITHOUT A SIGNED PARENTAL
AGREEMENT FORM**

NO PERSONAL CHECKS WILL BE ACCEPTED AT ON-SITE REGISTRATION

If you have any questions regarding registration, please contact

Sharon Lovelady-Hall 1-800-342-4146 ext. 1469.

CBTU Region One – 2025 Conference

Crowne Plaza Albany – The Desmond Hotel

660 Albany Shaker Road, Albany, NY 12211

August 15-17, 2025

YOUTH SPONSORSHIP

YOUTH SPONSOR (MINIMUM SPONSORSHIP \$125.00)

Name of Sponsor: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I would like to sponsor: # _____ Youth/Youths

I would like to make a donation of: \$ _____ Amount Enclosed: \$ _____

Make all checks payable to: CBTU Region 1 and mail by July 18, 2025, to:

**CBTU Region 1
P.O. Box 5725
Albany, NY 12205**

NO PERSONAL CHECKS WILL BE ACCEPTED AT ON-SITE REGISTRATION

***If you have any questions regarding registration, please contact
Sharon Lovelady-Hall 1-800-342-4146 ext. 1469***



2025 YOUTH CONFERENCE PARENTAL AGREEMENT August 16, 2025

We are very pleased to once again be able to provide a dynamic and entertaining program for the children of CBTU. The youth conference is open to youth age 5-16 years old. Activities are based on the children's age and are meant to be entertaining but educational as well.

To ensure that all participants have an enjoyable, entertaining, and safe experience there are guidelines we need both the children and guardians to follow. Please review them carefully and sign at the bottom if you are in agreement

If you are not in agreement or do not return this form signed then we cannot be responsible for your child during the conference and therefore he/she will be your sole responsibility for the duration of the conference.

I. Hours of Supervision

- At the duration of the conference agenda, it is your responsibility to pick up your child from the designated room.
- After the presentation, children will be relinquished back to their parents or guardians for the remainder of the conference.

II. Code of Conduct

- All children must respect the facilitators and their peers. Any child that is violent or disrespectful will be removed from the group and returned to the parents or guardians.

III. Meals

- We will be providing lunch and a snack for the youth that will be separate from the Conference Luncheons.
- If you want your child to have meals with you, it is your responsibility to notify facilitators and to return your child when the meal is done. **Please note: If you child will be with adults, he or she will be ineligible for the children's meal and will be served the regular meal at the lunch and dinner.**

IV. Physical Movement

- The conference curriculum may include some movement activities. We encourage parents to have your children wear sneakers to ensure proper safety conditions.



**CBTU Region One
2025 YOUTH CONFERENCE
PARENTAL AGREEMENT
August 16, 2025**

Once you have read the terms and conditions, please sign your name below to verify you are in agreement. We hope you and your child will have a wonderful experience.

"I have read the above conditions and agree to follow them to the best of my ability."

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____

Child's Name (Print): _____

Child's Age: _____

Emergency Contact Number: _____

Dietary Restrictions: _____

**No Child Will Be Allowed To Participate Without
a Signed Parental Agreement Form**



CBTU Region One – 2025 Conference

Desmond Hotel, Albany, NY

August 15-17, 2025

Conference Awards Individual/Additional Meal Ticket Form

NAME: _____

ADDRESS: _____

ORGANIZATION: _____

TELEPHONE: _____

E-MAIL: _____

Friday, August 15, 2025 – Refreshment Break

#of Tickets Requested: _____ **X \$35pp = Total Enclosed** _____

Saturday, August 16, 2025 – Lunch

#of Tickets Requested: _____ **X \$60pp = Total Enclosed** _____

Saturday, August 16, 2025 – Banquet

#of Tickets Requested: _____ **X \$100pp = Total Enclosed** _____

Sunday, August 17, 2025 – Breakfast

#of Tickets Requested: _____ **X \$40pp = Total Enclosed** _____

No personal checks will be accepted on-site

Form & payment must be returned by July 18, 2025

CBTU Region One – 2025 Conference

Crowne Plaza Albany – The Desmond Hotel, 660 Albany Shaker Road, Albany, NY 12211

August 15-17, 2025

SOUVENIR JOURNAL AD FORM

(Forms must be returned July 18, 2025)

Camera Ready ad may be submitted to Region1CBTU@hotmail.com

Full Page (8 ½" x 11 ½")	\$325.00	_____
1/2 Page	\$175.00	_____
1/4 Page	\$100.00	_____
Business Card	\$ 50.00	_____

Name: _____

Organization: _____

Address: _____

Phone : () _____ Email: _____

ALL ADS MUST BE RECEIVED ON OR BEFORE July 18, 2025

*If you have any questions regarding ads, please contact
Sharon Lovelady-Hall 1-800-342-4146 ext. 1469*

Make all checks payable to: CBTU Region 1 and mail to:

CBTU Region 1
P.O. Box 5725
Albany, NY 12205



Women's Committee 2025 Women of Hope Award

Nomination Form

The award is named after the Women of Hope poster series, which acknowledges great women who are leaders and activist for social justice.

Nominee Qualifications: Members who are dedicated to the labor movement and the mission of CBTU. Their spirit and selflessness motivates all members to accomplish the goals of CBTU.

Nominee's Information (Please Print)

First Name _____ ***Last Name*** _____

CBTU Chapter _____ ***Union Local*** _____


Address _____

City _____ ***State*** _____ ***Zip Code*** _____

Home # _____ ***Work #*** _____

Email address _____

Chapter President _____

Turn over 

Nomination Form (continued)

A.) Nominees years of service with your CBTU Chapter

B.) Nominee's Accomplishments (please attach biography or additional information)

C.) Nominees awards (optional)

D.) Reason for nominating this individual

E.) Nominated by _____

F.) Chapter _____

Please send completed form (front & back) along with bio and photo by July 14, 2025

By Mail: CBTU Region 1
 P.O. Box 5725
 Albany, NY 12205
 Attn: Women's Committee

E-Mail: Region1CBTU@hotmail.com



Men's Committee 2025 Award Nomination Form

Nominee Qualifications: Members who are dedicated to the labor movement and the mission of CBTU. Their spirit and selflessness motivates all members to accomplish the goals of CBTU and their work in the community makes them mentors to the youth.

Nominee's Information (Please Print)

First Name _____ *Last Name* _____

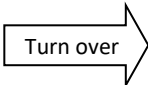
CBTU Chapter _____ *Union Local* _____

Address _____

City _____ *State* _____ *Zip Code* _____

Home # _____ *Work #* _____

Email address _____

Turn over 

Men's Award Nomination Form

A.) Nominees years of service with your CBTU Chapter _____

B.) Nominee's Accomplishments (please attach biography or additional information)

C.) Nominees awards (optional)

D.) Reason for nominating this individual

E.) Nominated by _____

F.) Chapter _____

G.) Office position _____

Please send completed form (front & back) to:

By Mail:
CBTU Region 1
P.O. Box 5725
Albany, NY 12205
Attn: Men's Committee

By Email:
Region1CBTU@hotmail.com

Deadline is July 14, 2025



CBTU REGION ONE SCHOLARSHIP

We are pleased to announce our Region Scholarship.
This \$1,000 Scholarship is dedicated in memory of
Miss Shonyé Lekia Hall.

In the 18 years that Shonyé lived, she left footprints of love and kindness along her path. Her beautiful smile and quiet strength has left an everlasting memory in the souls of all that knew her. She was an active participant in the Region Youth Program. It is in this spirit that the Shonyé L. Hall Memorial Scholarship was created.

The Coalition of Black Trade Unionists (CBTU) is the independent voice of black workers within the trade union movement, challenging organized labor to be more relevant to the needs and aspirations of black and poor workers.

To be eligible for this award, applicants must meet all requirements. The applicant's parent(s)/guardian(s) must be a Region 1 CBTU member. **The application must be completed and include all required documents and signatures.**

Upon completion of the application, please return all documents to the address below. Applications must be **postmarked no later than July 14, 2025.**

**CBTU REGION ONE
P.O. Box 5725
Albany, NY 12205
Attn: Scholarship Committee**



CBTU REGION ONE SCHOLARSHIP CRITERIA

1. Parent(s)/Guardian must be a member in Good Standing of the Coalition of Black Trade Unionists. Proof of membership must be submitted.
2. Applicant must be a high school 2025 graduate
3. The applicant must have a cumulative G.P.A. of 2.5 or higher. Copy of final report card must be submitted to the scholarship committee.
4. Applicant must be accepted by a regionally accredited college or vocational program, copy of acceptance letter to be submitted to the scholarship committee.
5. The applicant must submit a letter of recommendation from their CBTU Chapter president.
6. Applicants must provide **one (1) letter of recommendation from school faculty member.**
7. Applicants must provide **one (1) letter of recommendation from a community or church group.**
8. **Must choose a topic from below and submit a 500 word essay:**
 - a. What can I do to promote awareness of the labor movement within my peer group?
 - b. What does CBTU mean to my family and me?
 - c. What has been my most rewarding accomplishment?
 - d. What motivates me to put forth my greatest effort?
 - e. What changes I would make in the educational system, if I were presented the opportunity?

POSTMARK BY: July 14, 2025



CBTU REGION ONE SCHOLARSHIP CHECKLIST

Please initial each box to ensure you have completed each checklist item. Failure to do so will disqualify your application.

1. ☐ Proof of parent/guardian CBTU Region 1 Chapter Membership
2. ☐ Copy of 2025 Report Card
3. ☐ Copy of Letter of Acceptance
4. ☐ Letter of Recommendation from Chapter President
5. ☐ One Letter of Recommendation from School Faculty Member
6. ☐ One Letter of Recommendation from Church/Community Group
7. ☐ Application Essay
8. ☐ Application Form

POSTMARK BY: July 14, 2025



CBTU REGION ONE SCHOLARSHIP APPLICATION

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

High School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ website _____

Name of Parent/Guardian: _____

Address if Different: _____

Phone Contact: _____ E-mail: _____

Union Affiliation: _____

CBTU Chapter: _____

Student Signature: _____

Parent/Guardian Signature: _____

**Please be sure you have initialized the checklist and included all documents requested.
Application must be postmarked by July 14, 2025.**

Thank you for submitting your application.