

Participant Registration Form
William W. Winpisinger Education and Technology Center
at Placid Harbor
Year 2012 Departmental Programs

Mandatory - The following information must be filled in



Full Legal Name (as printed on your ID)

Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport.

First Name: _____ Middle: _____
Last Name: _____
Nick Name: _____ Date of Birth: _____
Title: _____ Local Lodge: _____ District Lodge: _____
Gender: _____ Territory: _____
Mailing Address: _____
City: _____ Province/ State: _____ Postal Code/ Zip Code: _____
Home Phone: _____ - _____ Work Phone: _____ - _____
Cell Number: _____ - _____ Fax Number: _____ - _____
E-Mail Address: _____
Last 4 digits of SSN/SIN: _____ IAM Book No.: _____

Program to be enrolled in: **Federal Employees' Collective Bargaining Program**

Program Dates: **March 25-30, 2012**

Please mail completed form to:

IAMAW Government Employees Department
9000 Machinists Place, Room 305B
Upper Marlboro, MD 20772

OR by FAX (301)967-4572