

Participant Registration Form  
William W. Winpisinger Education and Technology Center  
2010 Human Rights Seminar

**Mandatory - The following information must be filled in**

*Full Legal Name (as printed on your Government issued ID)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last 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: **Human Rights Training**

Program Dates: February 28 - March 5, 2010

**Please answer the following questions:**

Who is your employer: \_\_\_\_\_

Shift: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Are you a member of a Human Rights Committee? \_\_\_\_\_

If so, which lodge?: \_\_\_\_\_

**OVER**      **→**

Have you participated in ANY other training at the Winpisinger Center? \_\_\_\_\_

If yes, please indicate which trainings you've attended: \_\_\_\_\_

---

---

**THE FOLLOWING MUST BE COMPLETED IN ORDER TO PROCESS ENROLLMENT**

PRINT Name of Submitting Officer:	Title and Lodge:
Signature of Submitting Officer:	Date:
Daytime Phone:	Extension or Dept.:
Submitting Officer's Mailing Address:	
Submitting Officer's email address:	
Lodge President:	
Lodge President Daytime Phone:	
Directing Business Rep or General Chair:	

Return this form by **January 4, 2010** to the  
William W. Winpisinger Education & Technology Center  
By mail – 24494 Placid Harbor Way  
Hollywood, MD 20636  
By fax – 301/373-2860