

# Participant Registration Form -- 2006 Departmental Programs

William W. Winpisinger Education and Technology Center at Placid Harbor

## First Attendee:

Last Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

LL#: \_\_\_\_\_ DL#: \_\_\_\_\_

Gender: \_\_\_\_\_

Territory: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Province/  
State: \_\_\_\_\_

Postal/Zip  
Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Cell Number: \_\_\_\_\_ - \_\_\_\_\_

Fax Number: \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
\_\_\_\_\_

SSN/SIN (Mandatory): \_\_\_\_\_  
\_\_\_\_\_

IAM Book No.: \_\_\_\_\_

## Second Attendee:

Last Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

LL#: \_\_\_\_\_ DL#: \_\_\_\_\_

Gender: \_\_\_\_\_

Territory: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Province/  
State: \_\_\_\_\_

Postal/Zip  
Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_

Cell Number: \_\_\_\_\_ - \_\_\_\_\_

Fax Number: \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
\_\_\_\_\_

SSN/SIN (Mandatory): \_\_\_\_\_  
\_\_\_\_\_

IAM Book No.: \_\_\_\_\_

Program to be enrolled in: **VL Membership (VLM) Class**

Date of class: \_\_\_\_\_

### ***Computer MUST Be Running Windows XP Professional w/Service Pack 2***

If your lodge presently uses COMPASS for Windows (CFW) to process your Per Capita Reports please supply us with the software release date. **1) Open CFW, 2) Click on Help, 3) Select About Compass.** COMPASS for Windows software release date is \_\_\_\_\_.

We **MUST** be able to reach at least one of the individuals attending class between 8 a.m. and 5 p.m., Monday-Friday, Eastern Time. **If you cannot be reached by phone during the day, YOU MUST contact us 45 days before class starts.**

Contact Person: \_\_\_\_\_

Contact #: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Time Zone     Eastern     Central  
 Mountain    Pacific     Other \_\_\_\_\_

### **Return this form via fax or mail to:**

Fax #                      (301) 967-4584

Address:                IMAAW, Compass-Support  
9000 Machinists Pl., Rm. 112  
Upper Marlboro, MD 20772