

Participant Registration/Enrollment Form  
William W. Winpisinger Education and Technology Center at Placid Harbor  
Year 2013 Departmental Programs

**EAP 4**

**January 27, 2013 through February 1, 2013**

*Participants should be prepared to travel and arrive on Saturday, January 26, 2013 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, January 27, 2013.*

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



*"Pull out your  
Driver's License."*

**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.: \_\_\_\_\_

Employer: \_\_\_\_\_

**RETURN THIS FORM TO:**

Charlie Micallef

Director of the Retirees, Community and Membership Services Department

9000 Machinists Place

Upper Marlboro, MD 20772

Phone: (301) 967-3433 Fax: (301) 967-3427

Via Leonora Windsor's email at: [lwindsor@iamaw.org](mailto:lwindsor@iamaw.org)

**Return Form No Later Than: December 3, 2012**

**Attendance to this class must be approved by an authorizing lodge officer.**

**THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED**

**PARTICIPANT NAME:** \_\_\_\_\_

**Attendance to this class must be approved by an authorizing lodge officer.**

**APPROVED BY:**

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Local Lodge \_\_\_\_\_ Or District Lodge \_\_\_\_\_

\_\_\_\_\_  
Signature

Daytime Phone \_\_\_\_\_ Extension # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

General Vice President \_\_\_\_\_

Directing Business Representative \_\_\_\_\_

Or

General Chairman \_\_\_\_\_

How Will Participant Travel?

\_\_\_\_\_ Via public transportation arranged and paid for by the Grand Lodge

\_\_\_\_\_ Provide own transportation

\_\_\_\_\_ Flying on pass, but will need bus transportation

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**Charles Micallef, Director**

**Retirees, Community & Membership Services**

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