

Participant Registration Form
William W. Winpisinger Education and Technology Center
at Placid Harbor
2008 Departmental Programs

Last Name: _____

First Name: _____

Middle Name: _____

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.: _____
(Mandatory)

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

Program Dates: **June 8 – 13, 2008**

Please mail completed form to:

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

OR by FAX (301)967-4572