

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 Employee Program**

Program Dates: **March 9 – 14, 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**