

In order to enroll participants in departmental programs, please provide the following information.

Participant Registration Form
William W. Winpisinger Education and Technology Center
2010 Departmental Programs
EMPLOYEE ASSISTANCE PROGRAM (EAP-1)

Mandatory - The following information must be filled in

Full Legal Name (as printed on your ID)

(PLEASE PRINT)

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: **EMPLOYEE ASSISTANCE PROFESSIONALS- ONE
(EAP-1)**

Program Dates: **February 7, 2010 - February 12, 2010**

THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED

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

RETURN THIS FORM TO:

Maria Cordone

Director, Community Services/EAP/Retirees Dept.

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

email: mcordone@iamaw.org

RETURN FORM NO LATER THAN JANUARY 7, 2010