

Participant Registration Form
William W. Winpisinger Education and Technology Center
2010 Human Rights Seminar

Mandatory - The following information must be filled in

Full Legal Name (as printed on your Government issued ID)

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: **Human Rights Training**

Program Dates: April 11 - 16, 2010

Please answer the following questions:

Who is your employer: _____

Shift: _____ Job Classification: _____

Are you a member of a Human Rights Committee? _____

If so, which lodge?: _____

OVER 

Have you participated in ANY other training at the Winpisinger Center? _____

If yes, please indicate which trainings you've attended: _____

THE FOLLOWING MUST BE COMPLETED IN ORDER TO PROCESS ENROLLMENT

PRINT Name of Submitting Officer:	Title and Lodge:
Signature of Submitting Officer:	Date:
Daytime Phone:	Extension or Dept.:
Submitting Officer's Mailing Address:	
Submitting Officer's email address:	
Lodge President:	
Lodge President Daytime Phone:	
Directing Business Rep or General Chair:	

Return this form by **February 4, 2010** to the
William W. Winpisinger Education & Technology Center
By mail – 24494 Placid Harbor Way
Hollywood, MD 20636
By fax – 301/373-2860