

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

Mandatory - The following information must be filled in

Full Legal Name (as printed on your 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: **Metal Trades Training Program**

Program Dates: **May 2 - 7, 2010**

Please mail completed form to:

IAMAW Collective Bargaining Department

9000 Machinists Place, Room 303B

Upper Marlboro, Maryland 20772

Or by FAX (301) 967-4507