

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)
July 18 – July 23, 2010

Mandatory - The following information must be filled in

Full Legal Name (as printed on your ID)

(PLEASE PRINT IN BLACK INK)

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.: _____

Employer: _____

Program to be enrolled in: **EMPLOYEE ASSISTANCE PROFESSIONALS- ONE (EAP-1)**

Program Dates: **July 18, 2010 – July 23, 2010**

THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED

Participant Name _____

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:
Charles N. Micallef, Director
Retirees, Community & Membership Services
9000 Machinists Place
Upper Marlboro, MD 20772
(301) 967-3433
Fax: (301) 967-3427
email: cmicallef@iamaw.org

RETURN FORM NO LATER THAN MAY 5, 2010