In order to enroll participants in Departmental Programs, please provide the following information.

# Participant Registration Form
# William W. Winpisinger Education and Technology Center
# at Placid Harbor
# 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.:_____

Employer: _____

Program to be enrolled in: **Federal Employees' Basic Program**

Program Dates: **August 15-20, 2010**

Please mail completed form to:

IAMAW Government Employees Department
9000 Machinists Place, Room 305B
Upper Marlboro, MD 20772

**OR** by ***FAX (301)967-4572***