

Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center at Placid Harbor
Year 2013 Departmental Programs

EAP 1

March 17, 2013 through March 22, 2013

Participants should be prepared to travel and arrive on Saturday, March 16, 2013 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, March 17, 2013.

Mandatory - The following information must be filled in



*"Pull out your
Driver's License."*

Full Legal Name (as printed on your ID)

Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport.

First Name: _____ Middle: _____ Last Name: _____

Nick 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: _____

RETURN THIS FORM TO:

Charlie Micallef

Director of the Retirees, Community and Membership Services Department

9000 Machinists Place

Upper Marlboro, MD 20772

Phone: (301) 967-3433 Fax: (301) 967-3427

Via Leonora Windsor's email at: lwindsor@iamaw.org

Return Form No Later Than: January 14, 2013

Attendance to this class must be approved by an authorizing lodge officer.

THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED

PARTICIPANT NAME: _____

Attendance to this class must be approved by an authorizing lodge officer.

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 Micallef, Director

Retirees, Community & Membership Services

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

Via Leonora Windsor's email at: lwindsor@iamaw.org

Return Form No Later Than: January 14, 2013

Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center at Placid Harbor
Year 2013 Departmental Programs

EAP 1

November 3, 2013 through November 8, 2013

Participants should be prepared to travel and arrive on Saturday, November 2, 2013 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 12:00 PM on Sunday, November 3, 2013.

Mandatory - The following information must be filled in



*"Pull out your
Driver's License."*

Full Legal Name (as printed on your ID)

Verify your name is as it appears on your Driver's License or Passport that you are presenting as identification at the airport.

First Name: _____ Middle: _____ Last Name: _____

Nick 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: _____

RETURN THIS FORM TO:

Charlie Micallef

Director of the Retirees, Community and Membership Services Department

9000 Machinists Place

Upper Marlboro, MD 20772

Phone: (301) 967-3433 Fax: (301) 967-3427

Via Leonora Windsor's email at: lwindsor@iamaw.org

Return Form No Later Than: August 26, 2013

Attendance to this class must be approved by an authorizing lodge officer.

THE BACK SIDE OF THIS FORM MUST ALSO BE COMPLETED

PARTICIPANT NAME: _____

Attendance to this class must be approved by an authorizing lodge officer.

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 Micallef, Director

Retirees, Community & Membership Services

9000 Machinists Place

Upper Marlboro, MD 20772

(301) 967-3433

Fax: (301) 967-3427

Via Leonora Windsor's email at: lwindsor@iamaw.org

Return Form No Later Than: August 26, 2013