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."
n	Driver's License.
<u>f</u>	

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:_	Middle: Last Name:		
Nick Name:	City	Date of E	Birth:	
Title:	Local Lod	ge:	District Lodge:	
Gender:		Territory:		
Mailing Address:			nwal vica 5 rasident	
City:		Province/	Postal Code/ Zip Code:	
Home Phone:		Work Phone:_	- i gan (cro) suer	
Cell Number:		Fax Number:_		
E-Mail Address:				
Last 4 digits of SSN/SIN	N:	IAM Boo	k No.:	
Employer:		nolletonicums frays subsecti		

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:	
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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 #
	City
	E-Mail
General Vice President	
Directing Business Representative _	
Or General Chairman	
How Will Participant Travel?	
Via public transportatio	n arranged and paid for by the Grand Lodge
Provide own transporta	tion
	need bus transportation
RETURN THIS Charles Micalle Retirees, Comr	

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."
n	Diver s License.
7	

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 N	ame:	Haly!
Nick Name:	viiO	Date of B	irth:	m pl
Title:	_ Local Lodge	1	_ District Lodge:	
Gender:	Т	erritory:		
Mailing Address:			Inabhash eo Ma	19115
City:			Postal Code/ Zip Code:	arr.
Home Phone:		Work Phone:	- nemmen -	
Cell Number:		Fax Number:		
E-Mail Address:		The state of the s		
Last 4 digits of SSN/SIN: _	1 2 75 1 7 16	IAM Book	k No.:	
Employer:		noitsha	prični rusi elsto i	

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: _	
1/ 任人亚	
	- the - the state officer

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

APPROVED I	BY:		u dan seria da
Name (please p	rint)		
Title	i es penser en pour la <u>Esta en saletara en promi</u> Ortificia en saletara ne skracer	_ Local Lodge	Or District Lodge
	Signature		
Daytime Phone		Exter	nsion #
Address	u#18132	Cit	у
State	Zip Code	E-Mail	lsoad
General Vice Pr	esident		
	ess Representative _ or nan		
How Will Partici	pant Travel?		
Vi	a public transportatio	n arranged and pa	aid for by the Grand Lodge
Pi	rovide own transporta	ation	
FI	ying on pass, but will	need bus transpo	rtation
	RETURN THIS Charles Micalle		

Retirees, Community & Membership Services 9000 Machinists Place Upper Mariboro, 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