

Participant Registration Form  
William W. Winpisinger Education and Technology Center  
Year 2014 Departmental Programs

**Mandatory - The following information must be filled in**



**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: \_\_\_\_\_

Program to be enrolled in: **Federal Employees' Collective Bargaining Program**

Program Dates: **June 22-27, 2014**

Please mail completed form to:

IAMAW Government Employees Department  
9000 Machinists Place, Room 301B  
Upper Marlboro, MD 20772

**OR by FAX (301)967-4763**