

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' Basic Program**

Program Dates: **August 10-15, 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

