

IAM SAFETY & HEALTH CONFERENCE
AUGUST 17 – 22, 2014
WILLIAM W. WINPISINGER EDUCATION & TECHNOLOGY CENTER

Information and Instructions

RESERVATION PROCEDURE

When a reservation is accepted, participants will be sent an acceptance letter and packet of information, including the Program Reservation/Travel Information Request” form.

Any correspondence in connection with this training should be directed to the IAM Safety & Health Department, 9000 Machinists Place, Upper Marlboro, MD 20772-2687. For phone inquiries, call (301) 967-4704.

COSTS

Participants will be housed in the William W. Winpisinger Education & Technology Center at Placid Harbor dormitory at no charge for room, tuition, study materials, meals or refreshments. Any other costs incurred such as: lost time and normal out-of-pocket expenses are the responsibilities of the participant or the lodge that has sponsored him/her.

Transportation for participants will be provided in accordance with the October 21, 2005 Policy letter covering “William W. Winpisinger Education and Technology Center Tuition and Transportation Subsidy and Curriculum.”

Participants should promptly return the “Program Reservation/Travel Information Request” (2 pages) which will be included in their information packet. Members sending those forms to Placid Harbor after the cutoff date of **July 18, 2014** will forfeit transportation payment.

CHECK-IN & TIME SCHEDULE

Participants providing their own transportation to Placid Harbor should check in at the William W. Winpisinger Center at Placid Harbor on Sunday, August 17, 2014 before 4:00 p.m. There are meals served on Sunday, brunch from 9:00 a.m. to 11:00 a.m. and dinner is from 5:00 p.m. to 6:00 p.m. Upon check-in you will receive a packet of information concerning the program. Please carefully review the contents of the packet and complete the enclosed forms before class on Monday morning.

Orientation is scheduled for Sunday at 6:30 p.m. Class sessions are scheduled from 8:00 a.m. to 5:00 p.m. each day. Participants are expected to attend all sessions. Late arrivals or early departures disrupt the continuity of the program and will not be accepted.

SPECIAL NOTE

W3 DEPOT AT BWI

When you arrive at BWI Airport (Baltimore-Washington International Airport) claim your luggage on the lower level. Go outside at door #14 and cross to the second (2nd) curb to wait for the W3 vehicle. The W3 vehicle will be clearly marked with the IAM logo on the sides. The W3 vehicle will take you from BWI to the W3 Depot.

It is recommended that you have something to eat before leaving the secured area of the airport. Once you leave the secured area your food options are very limited. Carry out menus are also available at the W3 Depot for food delivery. We only provide light snacks at the Depot.

The W3 vehicle runs every hour from 4:00 p.m. – 8:00 p.m. If you miss the vehicle, don't panic and stay where you are, it will come back shortly.

The W3 Depot is open from 4:00 p.m. – 8:30 p.m. The address is:

AFCO Cargo BWI II LLC Facility
Cargo Building F, Suite 1400
North Cargo Complex
Baltimore-Washington International Airport
Baltimore, Maryland
301-997-8839

At the W3 Depot there will be a place for you to wait. TV and Wi-Fi hookup are available.

The W3 Bus will depart from the W3 Depot promptly at 8:30 p.m. to arrive at William W. Winpisinger Education & Technology Center approximately 10:00 p.m. This is the only transportation that is provided from BWI to the Winpisinger Center. In the event you have a flight delay, contact the Winpisinger Center at (301) 373-3300 and give your flight information and reason for delay to the guard.

There is no public bus service to the William W. Winpisinger Center at Placid Harbor and, cab fare is approximately \$170.00, **IF YOU CAN GET A CAB TO MAKE THE RUN!** Return transportation to Baltimore Washington Airport will be provided on Friday afternoon. You can plan to depart from BWI anytime after 3:30 p.m., Friday, August 22, 2014.

Directions will be provided to those participants planning to drive to the William W. Winpisinger Center at Placid Harbor.

EXTRA SPECIAL NOTE

Depending on space available, participants bringing their spouse will be charged \$25.00 per day. If the member brings a spouse and children (maximum of three), the charge is \$35.00 per day, providing they stay in the same room. Should the member require an extra room, the cost will be \$60.00 per day per room. All charges should be paid in the Administrative office before Friday. THIS PRIVILEGE IS FOR THE SPOUSE AND CHILDREN OF THE PARTICIPANT WHO IS LIVING AT HOME, AND DOES NOT INCLUDE ANY OTHER RELATIVES OR FRIENDS. No CHILDREN UNDER 17 without full time adult supervision.

Participant Registration Form
William W. Winpisinger Education and Technology Center
at Placid Harbor
2014 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. _____

Program to be enrolled in: Safety and Health Conference

Program Dates: August 17-22, 2014 S/H Years' Experience _____
S/H COMMITTEE YES or NO _____ Yrs.

NOTE: This original form must be submitted by the local /district lodge and properly signed with the SEAL of the lodge attached

TO: IAM SAFETY & HEALTH DEPARTMENT
9000 Machinists Place
Upper Marlboro, MD 20772-2687
301-967-4704

Please **PRINT OR TYPE** all information.

THIS FORM
SUBMITTED BY _____ TITLE: _____

DAYTIME PHONE () _____ E-mail: _____

(over)

Mandatory – The following information must be filled in
Full Legal Name (as printed on your ID)

Alternate:

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.: _____

Program to be enrolled in: Safety and Health Conference

Program Dates: August 17-22, 2014 S/H Years Experience _____
S/H COMMITTEE YES or NO _____ Yrs.

_____ **Alternate is authorized by the lodge to attend only upon
cancellation of the participant.**

_____ **Alternate has been authorized by the lodge to attend upon
cancellation of the participant and along with the participant
only if room is available.**

(Mark one choice)

What best describes your industry sector?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> Aerospace | <input type="radio"/> Airline |
| <input type="radio"/> Automotive | <input type="radio"/> Government |
| <input type="radio"/> Machining | <input type="radio"/> Manufacturing |
| <input type="radio"/> Maritime | <input type="radio"/> Railroad |
| <input type="radio"/> Woodworking | <input type="radio"/> Other |