

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

**EAP 3**  
**October 5 – 10, 2014**

*Participants should be prepared to travel and arrive on Saturday, October 4, 2014. Class starts Sunday, October 5 at 11:00 A.M.*

**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:**

Carlos H. San Miguel, Jr.

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 Kim Hill's email at: [khill@iamaw.org](mailto:khill@iamaw.org)

**Return Form No Later Than: August 18, 2014**

**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

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