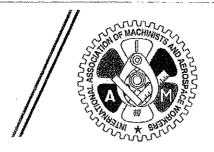
International Association of Machinists and Aerospace Workers



9000 Machinists Place Upper Marlboro, Maryland 20772-2687

Area Code 301 967-4500



OFFICE OF THE INTERNATIONAL PRESIDENT

GL-2 Legislative February 23, 2016 Subject: 2016 Legislative Conference

To All Local Lodge Recording Secretaries in the United States

Dear Sisters and Brothers:

The International Association of Machinist and Aerospace Workers 2016 Legislative Conference will be held on Monday, May 9th until its adjournment at 12:00 p.m. on Thursday, May 12th at the Hyatt Regency Washington, 400 New Jersey Avenue, N.W., Washington, DC, 20001-1527.

Delegate registration will be held from 9:00 a.m. until 12:30 p.m. on Monday, May 9th and from 8:00 a.m. until 9:00 a.m. on Tuesday, May 10.

The opening session will begin on Monday, May 9th at 1:30 p.m. General Vice President Diane Babineaux will open the conference and will be permanent chair and International President Robert Martinez, Jr. will deliver the keynote address. General Sessions will begin at 9:00 a.m. until noon on Tuesday, May 10th and Wednesday, May 11. There will be no sessions scheduled for Tuesday and Wednesday afternoons so that delegates may lobby on Capitol Hill. All delegates planning to attend the 2016 Legislative Conference should pre-schedule meetings with their Congressional District Representative as well as Senators for Tuesday and Wednesday afternoon.

We will host a Congressional reception on Wednesday evening, May 11th and conclude on Thursday morning with a session dedicated to a Conference review and delegates' lobbying efforts on the Hill.

With best wishes, I remain

Fraternally yours,

Robert Martinez, Jr.

International President, IAMAW

RM/tcs

Attachments: Hotel Reservation Form, Delegate Questionnaire

cc: Executive Council/GVP, All COSs, GLRs, SRs, DBRs, BRs, GCs, GLAs, Organizers, DL Presidents, DL STs, LL Presidents in the United States, LL STs, Territory ED REP and COMM REP, WWW Directors, TCU Lodge Officers, HQ Directors and State Council President

2016 LEGISLATIVE DELEGATE QUESTIONNAIRE

Complete questionnaire and return NO LATER THAN MAY 2, 2016 to:
IAM&AW Legislative Department
423 New Jersey Avenue, SE
Washington, DC 20003
Or fax to: (202) 420-5903

AND SEND A COPY TO YOUR RESPECTIVE GVP

PLEASE TYPE OR PRINT LEGIBLY – PLEASE FILL OUT A SEPARATE QUESTIONNAIRE FOR EACH DELEGATE WHO WILL BE ATTENDING

| Name: | | | | |
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| — District Lodge: | | GVP: | | |
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| | want your name badge to | | | |
| | Name: | | | |
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| | | OR Local Lodge: | | |
| NOTE: HOTEL R | | BE MADE NO LATER THAN APRIL 1, | - | |

IMPORTANT MESSAGE

TIME IS OF THE ESSENCE FOR BOOKING ROOMS

Reservations must be made by April 1st, therefore it is advised that you make your reservations as soon as possible. IT IS MUCH EASIER for you to cancel your reservations than to wait until the cut-off date of April 1st, 2016. After that date the hotel does not have to honor our rate (and RARELY does) and there may not be any rooms available regardless of the rate.

PLEASE NOTE THE HOTEL HAS A 48 HOUR CANCELLATION POLICY-PLEASE CANCEL BY 2:00 p.m. Eastern Time TWO DAYS PRIOR TO ARRIVAL TO AVOID A ONE NIGHT'S ROOM AND TAX PENALTY.

We are requesting that you bring a personal check (no cash) to cover the MNPL contribution of \$60.00.

IAMAW 2016 Legislative Conference Hotel Reservation Form

May 8 - 12, 2016 Hyatt Regency Washington on Capital Hill 400 New Jersey Avenue NW Washington, DC 20001

| Please mail, fax or emai | l this form to: | | —————————————————————————————————————— | | |
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| | Mail: | Metropolitan Trave 4520 Old Columbia Annandale, VA 220 | Pike | | |
| | Fax: | (703) 245-4033 | | | |
| | Email: | resv@metropolitant | travel.com | | |
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| Cell: | () | parameter parame | Fax: (| | |
| Hotel Arrival Date: | // | Hotel Depar | ture Date: | _// | |
| Check in time is 3:00 per night, plus tax. If | om. Check out time sharing a room, ple | e is 12:00 pm. Sleeping ease list the names of th | room rate is \$321 e guests on the r | 1.00 single/double per roor everse side of this form, | |
| will be charged at che office at (703) 941-818 | ck in. If you do no 6 or (800) 662-6363 | a must provide a credit t wish to write down yo and provide it directly o arrival date in order t | our credit card in to Brit. Cancella | uarantee only. The credit of formation, please contact of tion requests must be lation fee. | |
| Form of Payment: | | | | | |
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| Name of Delegate: | 1 | / | | |
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| | (Last Name) | (1 | irst Name) | |
| Guest Name: | | / | | |
| | (Last Nanse) | (1 | irst Name) | |
| Arrival Date: | / | Departure Date: | // | |
| If you have any speci | al requests or would like accessib | oility for a guest with disa | bilities, please advi | se. |
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