



Participant Registration Form

William W. Winpisinger Education and Technology Center
Year 2018 Departmental Programs



ADVANCED COMMUNICATORS CLASS

DECEMBER 2-7, 2018

Verify your name is **as it appears on your driver's license** or passport that you are presenting as identification at the airport.

All information is mandatory. The form must be completed in full.

First: _____ Middle: _____
Full Legal Name (as printed on your ID)

Last: _____

Date of Birth: _____

Gender: _____

Title: _____

Local Lodge: _____ District Lodge: _____

Territory: _____

Mailing Address: _____

Province: _____ Postal Code: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-Mail Address: _____

Last 4 digits of SSN/SIN: _____ IAM Book No.: _____

Registration forms must be received at the IAM by Friday, **October 5, 2018.**

Return this form to: IAM Communications Department
(Phone: 301-967-4520)
Advanced Communicators Class
9000 Machinists Place
Upper Marlboro, MD 20772-2687

Or send by
email to: tcrutchfield@iamaw.org
FAX to: (301) 967-4586

What are your primary duties?

Does your lodge have a website?

Yes No

Facebook page?

Yes No

What type of training would help you most?

Who is the primary employer in your lodge? _____

What type of work do your members do?

Have you attended Basic Communicators class at the Winpisinger Center? Yes No

Have you attended other Communications classes at the Winpisinger Center? Yes No

If yes, what classes?

I hereby attest that the proposed participant meets the enrollment policies and requirements of the IAM Communications Dept. and the William W. Winpisinger Education and Technology Center.

Lodge Officer's Signature, Title

Mandatory

Printed Name

Lodge Officer's Email Address

Lodge Seal
Mandatory