

2017 Departmental Program  
Participant Registration Form  
William W. Winpisinger Education and Technology Center

**Veteran's Services Program**  
**April 2, 2017 through April 7, 2017**

*Participants should be prepared to travel and arrive on Saturday, April 1, 2017 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 4:00 PM on Sunday, April 2, 2017.*

**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:**

9000 Machinists Place, Room 117A

Upper Marlboro, MD 20772

Fax: (301) 967-4515

Via Peggy Payne's email at: [ppayne@iamaw.org](mailto:ppayne@iamaw.org)

or Kayleh Brady at: [kbrady@iamaw.org](mailto:kbrady@iamaw.org)

**Return Form No Later Than: February 5, 2017**

**Attendance to this class must be approved by an authorizing lodge officer.  
Please be advised that this form must be completed in its entirety.  
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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**Upper Marlboro, MD 20772**

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**or Kayleh Brady at: [kbrady@iamaw.org](mailto:kbrady@iamaw.org)**

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