

Participant Registration Form
William W. Winpisinger Education and Technology Center
at Placid Harbor
Year 2012 Departmental Programs

Communicators Class
December 9-14, 2012

Mandatory - The following information must be filled in



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: _____ Middle: _____ Last: _____

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 Phone: _____ - _____ Fax Number: _____ - _____

E-Mail Address: _____

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

Return this form to: **IAM Communications Department**
Communicators Class
9000 Machinists Place
Upper Marlboro, MD 20772-2687

Or, by FAX to: (301) 967-4586

Registration Forms *must be* received at the IAM by Friday, October 12, 2012.

What are your primary duties? _____

What type of training would help you most? _____

Does your lodge have a newsletter? Yes _____ No _____ Website? Yes _____ No _____

Who is the primary employer in your lodge? _____

What type of work do your members do? _____

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 Seal
(Mandatory)