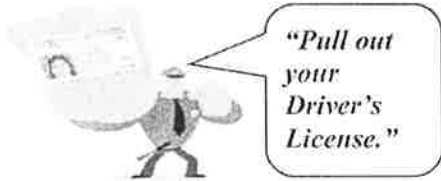


Participant Registration/Enrollment Form
William W. Winpisinger Education and Technology Center
Year 2014 Departmental Programs

Retirees' Assistance Program
March 16, 2014 through March 21, 2014

Participants should be prepared to travel and arrive on Saturday, March 15, 2014 if travel is by commercial airlines. All participants must be at the Winpisinger Center no later than 4:00 PM on Sunday, March 16, 2014.

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 Name: _____ Middle: _____ Last Name: _____

Nick Name: _____ Date of Birth: _____

Title: _____ Local Lodge: _____ District Lodge: _____

Gender: _____ Territory: _____

Will your spouse be attending with you? _____

If so, spouse's name _____

***Your spouse is welcome to attend; however,
please be advised that we cannot pay travel for your spouse.***

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 Member Services Department
9000 Machinists Place
Upper Marlboro, MD 20772
Phone: (301) 967-3433 Fax: (301) 967-3427
Via Leonora Windsor's email at: lwindsor@iamaw.org

Return Form No Later Than: January 27, 2014