

AFSCME COUNCIL 13 NON-STATE EDUCATION CONFERENCE

REGISTRATION & HOUSING FORM

REGISTRATION & HOUSING DEADLINE: OCTOBER 7, 2022

MAIL FORM TO: AFSCME COUNCIL 13, 4031 EXECUTIVE PARK DRIVE, HARRISBURG, PA 17111

	Name	Arrival	Departure	Cost
Hotel Room 1	1.			\$550.00
	2.			\$350.00
Hotel Room 2	1.			\$550.00
	2.			\$350.00
Hotel Room 3	1.			\$550.00
	2.			\$350.00
Number of Guests:			X \$300.00 =	\$
<i>Please make checks payable to AFSCME Council 13.</i>			TOTAL =	\$

MEMBER 1

MEMBER NAME: _____ DC: _____ LOCAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ PERSONAL EMAIL: _____

GUEST NAME (Guest Registration Fee Applies): _____

PLEASE INDICATE IF YOU OR YOUR GUEST REQUIRES ANY OF THE FOLLOWING ACCOMMODATIONS:

Wheelchair accessibility Hearing accessibility Dietary Restrictions Other (specify)

COMMENTS: _____

(A staff member will reach out to you for more details if required.)

WORKSHOP OPTIONS PRE-REGISTRATION: (Please rank 1-3 in order of preference.)

- | | |
|----------------------------------------------------|------------------------------------------|
| ___ OPTION 1. Contract Negotiations | ___ OPTION 4. Challenging Subcontracting |
| ___ OPTION 2. Conducting Labor/Management Meetings | ___ OPTION 5. Community Services |
| ___ OPTION 3. Internal Organizing/NEO | ___ OPTION 6. NARCAN Training |

MEMBER 2

MEMBER NAME: _____ DC: _____ LOCAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ PERSONAL EMAIL: _____

GUEST NAME (Guest Registration Fee Applies): _____

PLEASE INDICATE IF YOU OR YOUR GUEST REQUIRES ANY OF THE FOLLOWING ACCOMMODATIONS:

Wheelchair accessibility Hearing accessibility Dietary Restrictions Other (specify)

COMMENTS: _____

(A staff member will reach out to you for more details if required.)

WORKSHOP OPTIONS PRE-REGISTRATION: *(Please rank 1-3 in order of preference.)*

- | | |
|-----------------------------------------------------|-------------------------------------------|
| ____ OPTION 1. Contract Negotiations | ____ OPTION 4. Challenging Subcontracting |
| ____ OPTION 2. Conducting Labor/Management Meetings | ____ OPTION 5. Community Services |
| ____ OPTION 3. Internal Organizing/NEO | ____ OPTION 6. NARCAN Training |

MEMBER 3

MEMBER NAME: _____ DC: _____ LOCAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ PERSONAL EMAIL: _____

GUEST NAME (Guest Registration Fee Applies): _____

PLEASE INDICATE IF YOU OR YOUR GUEST REQUIRES ANY OF THE FOLLOWING ACCOMMODATIONS:

Wheelchair accessibility Hearing accessibility Dietary Restrictions Other (specify)

COMMENTS: _____

(A staff member will reach out to you for more details if required.)

WORKSHOP OPTIONS PRE-REGISTRATION: *(Please rank 1-3 in order of preference.)*

- | | |
|-----------------------------------------------------|-------------------------------------------|
| ____ OPTION 1. Contract Negotiations | ____ OPTION 4. Challenging Subcontracting |
| ____ OPTION 2. Conducting Labor/Management Meetings | ____ OPTION 5. Community Services |
| ____ OPTION 3. Internal Organizing /NEO | ____ OPTION 6. NARCAN Training |

Please keep a copy of this form for your records.