

# REGISTRATION & HOUSING FORM

**REGISTRATION & HOUSING DEADLINE: AUGUST 15, 2018**

**MAIL FORM TO:**

**AFSCME COUNCIL 13, 4031 EXECUTIVE PARK DRIVE, HARRISBURG, PA 17111**

	Name	Arrival	Departure	Cost
Hotel Room 1	1.			\$550.00
	2.			\$200.00
Hotel Room 2	1.			\$550.00
	2.			\$200.00
Hotel Room 3	1.			\$550.00
	2.			\$200.00
<b>Number of Guests:</b>			X \$150.00 =	\$
<i>Please make checks payable to AFSCME Council 13.</i>			<b>TOTAL =</b>	\$

**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. Become a Better ADVOCATE**  
 \_\_\_\_\_ **OPTION 2. Become a Better ACTIVIST**  
 \_\_\_\_\_ **OPTION 3. Become a Great LOBBYIST**

**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. Become a Better ADVOCATE

\_\_\_\_\_ OPTION 2. Become a Better ACTIVIST

\_\_\_\_\_ OPTION 3. Become a Great LOBBYIST

**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. Become a Better ADVOCATE

\_\_\_\_\_ OPTION 2. Become a Better ACTIVIST

\_\_\_\_\_ OPTION 3. Become a Great LOBBYIST

*Please keep a copy of this form for your records.*