

REGISTRATION FORM

AFSCME COUNCIL 13 NON-STATE EDUCATION CONFERENCE

PLEASE COMPLETE THIS FORM IN ORDER TO REGISTER AND PRE-SELECT WORKSHOPS.

Please complete a separate form for each participant.

REGISTRATION DEADLINE: MAIL BY SEPTEMBER 15, 2016

MAIL FORM TO:

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

NAME: _____	DC: _____	LOCAL: _____	
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
CELL PHONE: _____	<input type="checkbox"/> First-Time Participant		
PERSONAL EMAIL: _____			
GUEST NAME (<i>Guest Registration Fee Applies Below</i>): _____			
PLEASE INDICATE IF YOU OR YOUR GUEST REQUIRES ANY OF THE FOLLOWING ACCOMMODATIONS:			
<input type="checkbox"/> Wheelchair accessibility	<input type="checkbox"/> Hearing accessibility	<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Other (specify)
COMMENTS: _____			
<i>(A staff member will reach out to you for more details if required.)</i>			

REGISTRATION FEES: (<i>Please check all that apply.</i>)		
<input type="checkbox"/> \$150 Registration Fee	OR	<input type="checkbox"/> First-Time Participant (Fee Waived)
(ONLY ONE PER LOCAL)		
<input type="checkbox"/> \$100 Guest Registration Fee		
TOTAL: \$ _____ (<i>Please make checks payable to AFSCME Council 13.</i>)		

WORKSHOP PRE-REGISTRATION: (<i>Please select 3.</i>)	
<input type="checkbox"/> The Affordable Care Act & Healthcare Reform: Where We Are Now	
<input type="checkbox"/> Internal Organizing	
<input type="checkbox"/> Dealing with Difficult People	
<input type="checkbox"/> Workers' Comp Updates	
<input type="checkbox"/> FMLA Updates	
<input type="checkbox"/> Arbitration Preparation & Presentation	<i>All Day Workshop—Max. 20 Participants—Officers Only</i>
<input type="checkbox"/> Mock Negotiations	<i>All-Day Workshop</i>

Please keep a copy of this form for your records.