Registration Form

AFSCME Council 13 Women's Conference

MAIL FORM AND PAYMENT TO:

Education Department, AFSCME Council 13, 4031 Executive Park Drive, Harrisburg, PA 17111

REGISTRATION DEADLINE: Mail by February 24, 2017.

*Member Registrations are only guaranteed a sweatshirt if this form is mailed by <u>February 3, 2017</u>.

*Quantities and sizing are limited.

| Nar | Name: DC: Loca | ıl: | |
|---|---|------------------------|--|
| Address: | | | |
| City | City: State: Z | ip: | |
| Cell | Cell Phone: | articipant | |
| Personal Email: Shirt Size* (S - 4X): | | | |
| Guest Name (Guest Registration Fee Applies): | | | |
| Child Name (Child 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. | | | |
| Member Registration Fees: Check One (Member Registration Fees include a sweatshirt.) | | | |
| | □ \$175 Member Registration Fee OR □ 1st Time Participant (Fee V | Vaived, One Per Local) | |
| Additional Registration Fees: Check All That Apply (Guest & Child Registration Fees do not include a sweatshirt.) | | | |
| | □ \$100 Guest Registration Fee (Age 12 & Older) □ \$50 Child Registration Fee | (Under Age 12) | |
| Total Registration Fees: \$ (Please make checks payable to <u>AFSCME Council 13</u> .) | | | |
| Please Select 3 Workshops to Pre-Register: | | | |
| | ☐ Team Dynamics | | |
| | I'm My Sister's Keeper: Mentoring for Union Women | | |
| | Arbitration Preparation & Presentation* <u>All-Day Workshop</u> . Runs until 5:00 PM. Capped at 20 seats. | | |
| | ☐ Union 101 | | |
| | ☐ Had I Only Known: Signs of Addiction | | |
| | ☐ It's Up To Us: Starting a Local Next Wave Chapter | | |
| | ☐ She's a Class Act: Basic Business Etiquette | | |
| | ☐ Family & Medical Leave Act (FMLA) Updates | | |
| | *If you choose Arbitration Preparation & Presentation, please choose do not choose other workshops. | | |
| | | | |

Please complete a separate form for each participant. Keep a copy of this form for your records.