

REGISTRATION FORM

COUNCIL 40 BASIC LEADERSHIP TRAINING INSTITUTE

MADISON, WISCONSIN

SEPTEMBER 20-25, 2009

1. Local/Chapter name: _____

2. Local/Chapter number: _____

3. Participant #1:

_____ Male _____ Female
Name

_____ City State Zip
Address

_____ Cell Phone Work Phone
Home Phone

_____ E-mail Address

_____ How long
Current union office held

Status while attending Institute:

_____ Vacation, Comp Time, or Other Paid Leave

_____ Leave Without Pay

Parking Permit:

_____ Yes, I'll have a vehicle to park

_____ No, I'm riding with someone

4. Participant #2:

_____ Male _____ Female
Name

_____ City State Zip
Address

_____ Cell Phone Work Phone
Home Phone

_____ E-mail Address

_____ How long
Current union office held

Status while attending Institute:

_____ Vacation, Comp Time, or Other Paid Leave

_____ Leave Without Pay

Parking Permit:

_____ Yes, I'll have a vehicle to park

_____ No, I'm riding with someone

5. Form completed by:

Name Title

Address City State Zip

E-mail Address

Daytime Phone Number Date

Please return to:
Wisconsin Council 40
8033 Excelsior Drive, Suite B
Madison, WI 53717-2900
Before Friday, August 28, 2009
\$200.00/participant must accompany this registration form.