DISTRICT 3 SUMMER SCHOOL REGISTRATION

NAME:

_____

(Please Print Clearly)

Local Union _____ Position Held _____ Male ☐ Female ☐

Name of Company _____

Local Union Mailing Address**:** (*not your home address*)

_____

_____

City *Province* *Postal Code*

FIRST CHOICE (Title) _____

SECOND CHOICE (Title) _____

Are you travelling by air? Yes ☐ No ☐

If yes, please indicate airline and flight #_____ and

Arrival day and time _____

Special Dietary Needs: _____

Other Special Needs: _____

Complete one form for each participant and mail it *together with the registration fee of* ***$1000.00 per person*** (multiple occupancy - sorry no single or family accommodation) ***not later than May 4, 2015 to:*** USW, 300-3920 Norland Ave., Burnaby, B.C. V5G 4K7

PLEASE MAKE CHEQUES PAYABLE TO: USW DISTRICT 3

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Signature of Applicant Signature of LU President