

REGISTRATION FORM

Complete and Return Form by Fax or Mail to:

AFSCME Council 4 Headquarters
444 East Main Street, New Britain, CT 06051
Attention: Wayne Marshall, Education Director

PLEASE PRINT CLEARLY

FAX: (860)-224-3041 E-Mail: wmarshall@council4.org

WORKSHOP TITLE _____

DATE(s) _____ **LOCATION** _____

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DATE(s) _____ **LOCATION** _____

WORKSHOP TITLE _____

DATE(s) _____ **LOCATION** _____

Name _____

Local Union Number _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Fax** _____

E-Mail Address _____