

REGISTRATION FORM
32nd ANNUAL UAW CHAPLAINCY CONFERENCE
WALTER AND MAY REUTHER UAW FAMILY EDUCATION CENTER
June 2-7, 2019

Region _____ Local _____ UAW ID# _____
 (Important to include)

Male [] Female []

Delegate Name _____

Delegate Home Address _____

Please note: No confirmation will be sent to delegates from the International Union – unless you hear otherwise from your regional office, you are confirmed to attend the conference.

Delegate Phone _____ Local Union Phone _____

Housing Information:

❖ Indicate with whom you would like to share a room:
(Due to the number of delegates who plan to attend, all must share a room. If this section is not filled in, the Center will select for you.)

Name: _____ Region _____ Local _____

❖ I will be bringing my spouse [] Spouse's name: _____

If disabled, will you require barrier-free accessibility? Yes [] No []

Will you be driving [] or flying []
(If flying, the Airline Reservation Link is listed in the call letter)

Room and Board and Delegate Registration fee:
DELEGATE FEE: \$650 DELEGATE & SPOUSE: \$1,195

PLEASE ENCLOSE A CHECK MADE PAYABLE TO:
INTERNATIONAL UNION, UAW

Check and Registration form should be mailed to your Regional Director by April 19, 2019. Regional Office will forward to Jerry Carson, UAW Chaplaincy Department, 8000 E. Jefferson Avenue, Detroit, MI 48214 before April 28, 2019.

APPLICATIONS RECEIVED WITHOUT PAYMENT CANNOT BE PROCESSED.