



2019 INTERNATIONAL UAW COMMUNITY SERVICES CONFERENCE

CONFERENCE REGISTRATION FORM

Name _____ Male _____ Female _____

Address _____ Telephone () _____

City _____ State _____ Zip _____

(Please use the home mailing address of the delegate(s) to insure that they receive timely information regarding the Conference.)

Local Union _____ Region _____

Housing Information

All housing is based on double occupancy. Indicate with whom you would like to be assigned. If you do not have a roommate preference, one will be assigned.

Name _____ Region _____ Local _____

If you have a disability, will you require barrier-free accessibility? _____

Enclose a check or money order for \$650 payable to **International Union, UAW**. Note that this payment covers the conference registration fee, housing, meals and materials.