

**REGISTRATION FORM**  
**33<sup>RD</sup> ANNUAL UAW CHAPLAINCY CONFERENCE**  
**WALTER AND MAY REUTHER UAW FAMILY EDUCATION CENTER**  
**May 31 thru June 5, 2020**

Region: \_\_\_\_\_ Local: \_\_\_\_\_ UAW ID#: \_\_\_\_\_  
*(PLEASE INCLUDE)*

\_\_\_\_\_ Male:  Female:   
Delegate Name (Please Print)

\_\_\_\_\_ Delegate Address \_\_\_\_\_ Delegate Phone

\_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ Local Phone

I will be bringing my spouse:

No  Yes  Spouse's Name: \_\_\_\_\_

I will be traveling by:

Car  Plane

Do you require barrier free accessibility?

No  Yes

**ROOMMATE INFORMATION**

*PLEASE INDICATE HERE IF YOU WOULD LIKE TO ROOM WITH SOMEONE SPECIFIC. DUE TO THE NUMBER OF DELEGATES, IF YOU DO NOT SELECT YOUR OWN ROOMMATE, THE CENTER WILL ASSIGN ONE FOR YOU.*

\_\_\_\_\_ Roommate Name (Please Print) \_\_\_\_\_ Roommate Region \_\_\_\_\_ Roommate Local

Delegate Fee: \$650 (\$1,195 Delegate & Spouse)

Please enclose a check made payable to: INTERNATIONAL UNION, UAW

CHECK AND REGISTRATION ARE DUE TO YOUR REGIONAL OFFICE BY APRIL 24, 2020

*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.*