

REGISTRATION FORM
2018 INTERNATIONAL UNION, UAW
~ NATIONAL VETERAN'S CONFERENCE ~
AUGUST 19-24, 2018

REGION: _____

LOCAL # _____

DELEGATE'S NAME: _____ M _____ F _____

EMAIL ADDRESS: _____

DELEGATE'S ADDRESS:

CITY STATE ZIP

DELEGATE'S HOME PHONE #: _____ LOCAL'S PHONE # _____

PLEASE COMPLETE THE FOLLOWING:

- 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.)
- If disabled, will you require barrier free accessibility? Yes _____ No _____
- Do you have any medical conditions that may require any exceptional rooming arrangements? Yes _____ No _____
- Will you be DRIVING or FLYING? _____
 (If flying, please complete the Airline Reservation Request Form and RETURN AS SOON AS POSSIBLE)

ROOM, BOARD & CONFERENCE REGISTRATION FEE - \$600

PLEASE ENCLOSE A CHECK MADE PAYABLE TO: "2018 UAW NATIONAL VETERAN'S CONFERENCE".
CHECK(S) AND REGISTRATION FORM(S) SHOULD BE SENT TO YOUR REGIONAL OFFICE – ATTENTION UAW NATIONAL VETERAN'S CONFERENCE.

DEADLINE FOR COMPLETION AND RETURNING THIS FORM TO THE UAW INTERNATIONAL PRESIDENT'S DEPARTMENT IS JULY 27, 2018. APPLICATIONS RECEIVED WITHOUT ACCOMPANYING REGISTRATION FEES CANNOT BE PROCESSED.

For UAW Int'l Presidents Office Use Only

Check # _____

Date Received _____

2018 UAW NATIONAL VETERAN'S CONFERENCE
VENDOR REQUEST FORM

LOCAL UNION/REGION: _____

NAME OF CONTACT PERSON: _____

Address: _____

Telephone number: _____

Email address: _____

ITEMS YOU WISH TO SELL: _____

DATE APPROVED: _____

DATE DENIED: _____

****When completed, please mail this form to:**

Mark Liburdi
UAW President's Office
8000 East Jefferson Avenue
Detroit, Michigan 48214
mliburdi@uaw.net