

AFSCME STEWARDS IN ACTION TRAINING PROGRAM

YES! Sign me up for the AFSCME Stewards In Action training program.



Please place a ✓ in the box adjacent to your selection

- | | | |
|--------------------------|-------------------------|------------------------|
| <input type="checkbox"/> | January 27 – 28, 2009 | La Crosse |
| <input type="checkbox"/> | January 29 – 30, 2009 | Madison |
| <input type="checkbox"/> | February 16 – 17, 2009 | Appleton |
| <input type="checkbox"/> | March 18 – 19, 2009 | Milwaukee / Racine |
| <input type="checkbox"/> | April 23 – 24, 2009 | Madison |
| <input type="checkbox"/> | April 29 – 30, 2009 | Eau Claire / Rice Lake |
| <input type="checkbox"/> | June 4 – 5, 2009 | Boscobel |
| <input type="checkbox"/> | August 17 – 18, 2009 | Fond du Lac |
| <input type="checkbox"/> | September 15 – 16, 2009 | Mauston |
| <input type="checkbox"/> | October 21 – 22, 2009 | Wausau / Stevens Point |
| <input type="checkbox"/> | October 29 – 30, 2009 | Madison |
| <input type="checkbox"/> | November 04 – 05, 2009 | Milwaukee / Racine |

Programs are two-day training sessions. You must attend DAY-ONE to attend DAY-TWO. Participation in the Stewards In Action training program is based on a first come, first serve basis. Each training session is limited to 30 participants. Please use a separate registration form for each participant.

PLEASE PRINT

NAME: _____

LOCAL: _____ **UNIT:** _____

HOME ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

AGENCY / INSTITUTION: _____

DIVISION / SECTION: _____

I have a special dietary need and/or require disability accommodations as listed below:

Registration must be received no later than 7 days before the program dates. Eligible participants will receive a confirmation before the selected program dates. Send completed registration form to:

STEWARDS IN ACTION
AFSCME COUNCIL 24, 8033 EXCELSIOR DR., SUITE C
MADISON, WI 53717-2900
(608) 836-0222 FAX | sia@wseu-24.org

Lunch will be provided on each day of the program. All other expenses incurred by the participant are the responsibility of the participant or the participant's local union. Participants are requested to bring their current state employee contract book with them to the training program.

Participants Signature

Local Union Presidents Signature

Local Union Presidents signature is required for participation in this training program. The original signature or letter of approval must be attached to this registration form.

REGISTRATION FORM

