National Joint Council Registration Form June 9-13, 2013

Name:	
Unit:	
Home Address:	
City, State, ZIP:	
Telephone: (Home)	(Work)
Email address:	
Emergency contact:	
(Name	e and phone)
Subsidized Representative: (\$150 fee	enclosed)
Additional Representative: (\$350 fee e	enclosed)
Guest (\$350 per adult fee enclosed; \$7	150 per child 7-18; children under 7 are free)
Guest: Banquet Only (\$100 per adult;	\$50 per child 7-18)
Certification of Subsidized or Add	ditional Representatives:
The person listed above is a Subsidized Representa □ (Optional): Deduct registration fee from our Ce	ntive representing our Unit at NJC 2013.
The person listed above is an Additional Represent □ (Optional): Deduct registration fee from our Ce □ (Optional): Deduct airline ticket from our Centr	entrally Maintained Account.
The person listed above is a member of unit and wi □ (Optional): Deduct registration fee from our Centre □ (Optional): Deduct airline ticket from our Centre	entrally Maintained Account.
Signature of Unit Chairperson:	
Mail, FAX or Email Completed Registration Form, w	vith Fee Payment, to:
NOLSW/UAW Local 2320 256 W. 38th Street, Suite 705 New York, NY 10018	Email: ecschulman@nolsw.org FAX: (212) 228-0097

Registrations and payment must be received in New York no later than <u>Friday, May 10, 2013.</u> *Make checks payable to NOLSW/UAW Local 2320.*

For more Information, call the National Office at 1-800-UAW-2320, or your Regional Organizer.