

# 2010 CWA DAY REGISTRATION FORM

## ATTENDANCE

I will attend CWA Day ..... YES  NO

(Even if you are unable to attend, please return your form to us. Thank you.)

## HOTEL ACCOMMODATIONS (OUT-OF-TOWN MEMBERS ONLY)

Please reserve hotel accommodations for the evening of Sunday, September 12<sup>th</sup>

I am requesting a single room

I am requesting a double room with the following member:

\_\_\_\_\_

Credit Card Information: Card Type: \_\_\_\_\_ Card # \_\_\_\_\_ Exp.  
Date \_\_\_\_\_

(ALL ROOMS MUST BE GUARANTEED WITH A CREDIT CARD)

## PERSONAL INFORMATION

Full name: (Please print clearly) \_\_\_\_\_

I am in the following Bargaining Unit of Local 1141: NYSUT  UUP  NYSNA

Phone Number: \_\_\_\_\_ Work  Home

Email Address: \_\_\_\_\_ Work  Home



Please list any assistive device(s) or accommodations(s) required from either the hotel or CWA Local 1141 as provided by the Americans with Disabilities Act: \_\_\_\_\_

Any special dietary needs: \_\_\_\_\_

### **WHERE TO SEND YOUR FORM:**

Registration forms should be returned to your steward no later than August 27<sup>th</sup>.

### **IMPORTANT NOTE TO UUP & NYSNA MEMBERS:**

After all registration forms have been received, each UUP and NYSNA member will be notified as to whether or not they will be released from work to attend this year's CWA Day.