## AFSCME Council 13 Non-State Education Conference

## REGISTRATION & HOUSING FORM

## REGISTRATION & HOUSING DEADLINE: OCTOBER 7, 2022

MAIL FORM TO: AFSCME COUNCIL 13, 4031 EXECUTIVE PARK DRIVE, HARRISBURG, PA 17111

	Name	Arrival	Departure	Cost
Hotel Room 1	1.			\$550.00
	2.			\$350.00
Hotel Room 2	1.			\$550.00
	2.			\$350.00
Hotel Room 3	1.			\$550.00
	2.			\$350.00
	Number of Guests:		X \$300.00 =	\$
Please n	nake checks payable to AFSCME Cou	ncil 13.	TOTAL =	\$
				_
CITY:		STATE:	ZIP:	
	PERSONAL EMAIL			
CELL PHONE:		<b>:</b>		
CELL PHONE:	PERSONAL EMAIL	:		
CELL PHONE: GUEST NAME (Gue PLEASE INDICATE I	PERSONAL EMAIL est Registration Fee Applies):	::	MMODATIONS:	
CELL PHONE: GUEST NAME (Gue PLEASE INDICATE I  Wheelchair ace	PERSONAL EMAIL est Registration Fee Applies):  F YOU OR YOUR GUEST REQUIRES ANY OF THE F	::	MMODATIONS:	
CELL PHONE: GUEST NAME (Gue PLEASE INDICATE I Wheelchair acc	PERSONAL EMAIL est Registration Fee Applies):  F YOU OR YOUR GUEST REQUIRES ANY OF THE F	:	MMODATIONS:	
CELL PHONE: GUEST NAME (Guest NAME (Guest NAME (Guest NAME)) PLEASE INDICATE I Wheelchair accomments: (A staff member of	PERSONAL EMAIL est Registration Fee Applies):  F YOU OR YOUR GUEST REQUIRES ANY OF THE F  Cessibility	COLLOWING ACCOME  Dietary Restriction  Ted.)	ons ☐ Othe	
CELL PHONE: GUEST NAME (Guest NAME (Guest NAME (Guest NAME)) PLEASE INDICATE I Wheelchair accomments: (A staff member of the comments) WORKSHOP OPTICE	PERSONAL EMAIL est Registration Fee Applies):  F YOU OR YOUR GUEST REQUIRES ANY OF THE F cessibility	collowing According Restriction red.)  der of preference	ons ☐ Othe	r (specify)
CELL PHONE: GUEST NAME (Guest NAME) PLEASE INDICATE I Wheelchair accomments: (A staff member of the comment of the	PERSONAL EMAIL est Registration Fee Applies):  F YOU OR YOUR GUEST REQUIRES ANY OF THE F cessibility  Hearing accessibility  will reach out to you for more details if requirements on the property of the pro	COLLOWING ACCOME Dietary Restriction  red.)  der of preference OPTION	ons ☐ Other	r (specify)

MEMBER 2 MEMBER NAME:	DC:	Local:	
Address:			
Сіту:	STATE:	ZIP:	
CELL PHONE: PERSONAL I	Email:		
Guest Name (Guest Registration Fee Applies):			
PLEASE INDICATE IF YOU OR YOUR GUEST REQUIRES ANY OF	THE FOLLOWING ACCOMMOD	PATIONS:	
☐ Wheelchair accessibility ☐ Hearing accessibility	☐ Dietary Restrictions	☐ Other (specify)	
COMMENTS:			
(A staff member will reach out to you for more details if	required.)		
<b>WORKSHOP OPTIONS PRE-REGISTRATION:</b> (Please rank 1-3	in order of preference.)		
OPTION 1. Contract Negotiations	OPTION 4. C	hallenging Subcontracting	
OPTION 2. Conducting Labor/Management Meeti	ingsOPTION 5. Co	ommunity Services	
OPTION 3. Internal Organizing/NEO	OPTION 6. N	OPTION 6. NARCAN Training	
MEMBER 3 MEMBER NAME:	DC:	Local:	
Address:			
Сіту:	State:	ZIP:	
CELL PHONE: PERSONAL I	EMAIL:		
Guest Name (Guest Registration Fee Applies):			
PLEASE INDICATE IF YOU OR YOUR GUEST REQUIRES ANY OF	THE FOLLOWING ACCOMMOD	PATIONS:	
☐ Wheelchair accessibility ☐ Hearing accessibility	☐ Dietary Restrictions	☐ Other (specify)	
<b>COMMENTS:</b> (A staff member will reach out to you for more details if	required.)		
(,,,,,			
	in order of preference.)		
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<b>WORKSHOP OPTIONS PRE-REGISTRATION:</b> (Please rank 1-3	OPTION 4. C	hallenging Subcontracting ommunity Services	