CONVENTION REGISTRATION FORM
Coalition of Labor Union Women
19th Biennial Convention
September 6-9, 2017
Detroit Marriott at the Renaissance Center
Detroit, Michigan

Early Registration $250 - Under 35 $125 - Retirees $125 - Students $75
Registrations received after August 4th will incur an additional $50 fee
Registration deadline is August 18th

<table>
<thead>
<tr>
<th>Registration Payment</th>
<th>Quantity</th>
<th>Cost</th>
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<tbody>
<tr>
<td>$250 Early Registration</td>
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<td>*$125 Early CLUW Member under 35</td>
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<td>$125 Early Retiree</td>
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<td>$75 Early Student</td>
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<td>$50 Additional (Guest) Reception</td>
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<td>TOTAL</td>
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<td>$50 Late Fee (after August 4th)</td>
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Total Amount Enclosed

Convention registration can be made online at cluw.org or send this form and your check made payable to “CLUW” to the following address of our special convention registration provider:

CLUW Registration
Attn: Judy Beard, National Treasurer
1201 New Jersey Ave, NW
Washington, DC 20001

You will be receiving updated information and confirmation by email or mail. Be sure to open emails regarding the CLUW convention from cluw@mmsmeetings.com.

Registration Fees are transferable, but not refundable

Delegate credentials and receipts will be mailed or sent electronically on or before August 18, 2017. If you do not receive your receipt or credentials you may be asked to verify payment. Registrations received after August 4th will incur an additional $50 fee.

All CLUW Members in good standing as of July 24, 2017 may attend the convention as voting delegates.

The Registration Fee covers Attendance to the Convention, one ticket to the Reception, Convention Kit, Educational Materials and Participation in Workshops.

Attendee Information

Age:
___ 18-35 years of age
___ 36-55 years of age
___ 55 + years of age

If you are a member of a union please indicate your union: __________ and what position/title you hold in that union: __________

If you are on Staff or an Officer of your union please check all that apply:
___ Local
___ State, Region or District
___ National/International

If you are a member of a CLUW chapter please list the chapter’s name: __________

If you hold a position/title in your chapter please list here: __________

During convention plenary sessions I wish to be seated with my: Union ___ or Chapter ___

See Convention Hotel Information Page for Reservation Details

*You Must be a CLUW member to qualify for this discount

Name__________________________
Address________________________
City__________________________
State______________ Zip Code__________
Cell__________________________
(W)________________________ (H)________________________
Email__________________________

Check one immediately below:
___ I am a Delegate or ___ I am an Observer
I am a member of: ____________________________
(Union Name)
I am a member of: ____________________________
(Chapter Name)

Is this your 1st time attending a CLUW convention?
Yes ___ No ___

T-shirt size __________

Please list any special needs for meeting attendance:
________________________________________________

Emergency Contact:
Name: ____________________________
Phone: ____________________________
Onsite contact: Yes ___ No ___ Offsite contact: Yes ___ No ___