

WOMEN:

CONVENTION REGISTRATION FORM

TAKING IT TO

THE STREETS

Coalition of Labor Union Women

19th Biennial Convention

September 6-9, 2017

Detroit Marriott at the Renaissance Center

Detroit, Michigan

Coalition of Labor Union Women September 6-9, 2017
19th Biennial Convention 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

Registration Payment	Quantity	Cost
\$250 Early Registration		
*\$125 Early CLUW Member <u>under 35</u>		
\$125 Early Retiree		
\$75 Early Student		
\$50 Additional (Guest) Reception		
TOTAL		
\$50 Late Fee (after August 4th)		
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 _____ 55 + years of age
_____ 36-55 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 ___