

# REGISTRATION

## TREASURER TRAINING WORKSHOP MADISON, WI

March 16, 2019

PLEASE PRINT LEGIBLY (Fill in ALL information requested)

1.	NAME _____	LOCAL _____
	ADDRESS _____	PHONE _____ (h)
	_____	_____ (c)
		EMAIL _____
2.	NAME _____	LOCAL _____
	ADDRESS _____	PHONE _____ (h)
	_____	_____ (c)
		EMAIL _____
3.	NAME _____	LOCAL _____
	ADDRESS _____	PHONE _____ (h)
	_____	_____ (c)
		EMAIL _____

**PLEASE BRING A CALCULATOR. YOU WILL NEED IT TO ASSIST YOU WITH AN EXPENSE REPORT PROBLEM.**

Mail the registration form to: AFSCME Council 32  
Attention: Laurie Miller  
PO Box 8003  
Madison, WI 53708-8003

Or, Email the registration form: [lmiller@afscme32.org](mailto:lmiller@afscme32.org)

**DEADLINE: WEDNESDAY, MARCH 6**

G: Support Staff - Training - Treasurer - 2019