

REGISTRATION

TREASURER TRAINING WORKSHOP MADISON, WI

May 19, 2018

PLEASE PRINT LEGIBLY (Fill in ALL information requested)

| | | |
|----|---------------|----------------|
| 1. | NAME _____ | LOCAL _____ |
| | ADDRESS _____ | PHONE _____(h) |
| | _____ | _____ (c) |
| 2. | NAME _____ | LOCAL _____ |
| | ADDRESS _____ | PHONE _____(h) |
| | _____ | _____ (c) |
| 3. | NAME _____ | LOCAL _____ |
| | ADDRESS _____ | PHONE _____(h) |
| | _____ | _____ (c) |
| 4. | NAME _____ | LOCAL _____ |
| | ADDRESS _____ | PHONE _____(h) |
| | _____ | _____ (c) |

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
8033 Excelsior Drive
Madison, WI 53717

Or, Fax the registration form: (608) 836-4444 (Attention: Laurie Miller)

Or, Email the registration form: lmiller@afscme32.org

DEADLINE: MONDAY, MAY 7, 2018