



A Union of Professionals

AFT Healthcare

2010 Professional Issues Conference
Bargaining for Quality

Registration Form

April 15-18, 2010 • Washington Court Hotel • Washington DC

Registration Deadlines

Registration fee submitted **before** March 12, 2010: \$120 per person; **after** March 12, 2010: \$200 per person.

Only one registrant per form. **Please complete each section fully.** Information provided will be used on name badges.

First Name: _____ Last Name: _____

- AFT Member Local or State Federation Staff Non-AFT Member AFT Staff AFT VP
- PPC Member Guest First Time Attendee Other _____

Local Union Name: _____ Local Union No.: _____

Job Title/Profession: _____

Position in Local Union (if any): _____ Home

- Affiliate
- Other

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Number: (____) _____ E-Mail: _____

Home Number: (____) _____ Fax Number: (____) _____

PAYMENT INFORMATION

Important Information

Please type or print all information and **mail** registration form with payment (check/credit card information) to:
AFT, P.O. Box 791212, Baltimore, MD 21279-1212.

Registration fees to be paid by: Individual Member's Local AFT Other (specify) _____

If paying by check, please make payable to **AFT**.

Name (as printed on check) _____ Amount paid \$ _____

Visa or MasterCard _____ (Sorry, we do not accept American Express or Discover.)

Cardholder's Name _____ Amount paid \$ _____

Cardholder's Billing Address _____

Credit Card Number _____ - _____ - _____ - _____ Expiration Date _____

Cardholder's Signature _____

Online registration is at **www.aft.org/healthcare**.
If you have questions: **fshimabu@aft.org** or **hkamp@aft.org**.

