

USW District 7 Conference

Blue Chip Casino Hotel Spa ♦ 777 Blue Chip Drive ♦ Michigan City, Indiana
October 15-17, 2024

REGISTRATION FORM

This is to certify that the following member(s) from Local _____ will attend the conference:

Please print name(s) legibly and circle the appropriate shirt size for each delegate attending.

- | | | | | | | | | | |
|-----|-------|---|---|---|----|-----|-----|-----|-----|
| 1. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 2. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 3. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 4. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 5. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 6. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 7. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 8. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 9. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |
| 10. | _____ | S | M | L | XL | 2XL | 3XL | 4XL | 5XL |

*****Make additional copies of this form as needed.*****

To pre-register, you must either email a copy of this form to Katie Kraft (*preferred method*), or mail the original of this form to the Bridgeview Office at the address noted below, **prior to September 16, 2024.**

If your Local registers after this date, you will need to mail the original form and include a check for the appropriate registration fee(s) made payable to **USW District 7** by **October 1, 2024.**

Return to: USW District 7 Conference
Attn: Katie Kraft
7218 W 91st St
Bridgeview IL 60455
kkraft@usw.org

President _____

Date _____

Rec. Secy _____

Date _____

*****Please make a *copy* of this form for your records.*****