



# Black Labor Week Project

## 2024 Registration Form

PLEASE USE ONE FORM PER PERSON / DELEGATE

Last Name

First Name

Mailing Address

City  State  Zip

Cell Phone

Email

Shirt Size  Any Dietary Restrictions?

### AFFILIATION

Yes No

1. Are you an Independent?

2. Are you a member of a Local Union ?

Name & Local #

3. Are you a member of an Organization?

Name

4. Are you representing a Company or Business?

Name

### REGISTRATION / ACCOMMODATIONS

1. Has your registration fee been included with your registration form?

2. If you are not a local attendee, have you made your BLW24 Hotel or Lodging Accommodations, or will you have them made by 1-19-24?

Signature

Date