



USW INTERNATIONAL WOMEN'S CONFERENCE

October 14-17, 2018

Toronto, Ontario, Canada

District _____ Local # _____

Industry _____

Date _____

To avoid duplication, please indicate if you have already registered online: ___ Yes ___ No

-----Please Print Clearly-----

Delegate's Name Home Address City St/Prov Zip/Postal Telephone

Delegate's Personal Email Address Delegate's USW Membership Identification Number
(Located on their USW Membership Card)

If the delegate plans to use the childcare services provided during the conference, list names and ages of children

Need translation (circle): French Spanish Other (specify) _____

Delegate's Name Home Address City St/Prov Zip/Postal Telephone

Delegate's Personal Email Address Delegate's USW Membership Identification Number
(Located on their USW Membership Card)

If the delegate plans to use the childcare services provided during the conference, list names and ages of children

Preferred language (circle): English French Spanish Other (specify) _____

Note to the submitter of this form: Be sure that you have included the delegate's home address and personal email so additional conference information can be forwarded to them.

of Participants X \$250 = \$ _____ enclosed.
(Reduced rate - registration prior to August 1, 2018)

of Participants X \$275 = \$ _____ enclosed.
(Regular rate - registration after August 1, 2018)

Form Completed by _____

Daytime Telephone # _____

Checks should be made payable to USW Secretary-Treasurer and mailed along with this completed registration form to **USW Women of Steel, 9th Floor, 60 Blvd of the Allies, Pittsburgh, PA 15222**. You may also fax the completed form to **412-562-2489** or register online at **www.usw.org** and forward payment via instructions above. Call **412-562-2443** if you have any questions regarding registration.