

AFL-CIO Union Community Action Network Training REGISTRATION FORM

Local Union: _____

Union Officer's name: _____

Local Union's address: _____

Local Union's phone number: _____

Local Union's email address: _____

Enclosed please find a check in the amount of \$_____ for the following _____ representative(s) for enrollment in the 2013 "UCAN" training at \$50.00 per person.

Name: _____ place of employment _____

Home address _____ home phone number _____

Email address _____ cell phone number _____

Name: _____ place of employment _____

Home address _____ home phone number _____

Email address _____ cell phone number _____

Name: _____ place of employment _____

Home address _____ home phone number _____

Email address _____ cell phone number _____

Please make check payable to: **United Way / UCAN**

Send registration and check directly to: Sharon Peccini, AFL-CIO Community Services Rep.
United Way of Southeastern Connecticut
P.O. Box 375, Gales Ferry, CT 06335

