

# REGISTRATION FORM

## RI Council 94 Training Program

**Please Print**

Name: _____	
Home Address: _____	
Home Phone: _____	
Home E-mail Address: _____	
Agency/Institution: _____	
Division/Section: _____	
City: _____	Work phone: _____
Local #: _____	

To register for a module, enter the date you would like to attend after the name of the module. You can sign up for more than one module.

Training Modules	Date
Union 101	
Grievance Handling	
Leadership Skills Enhancement	

I have special dietary needs and/or require disability accommodation as listed below:

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E- Mail or fax completed form

E-Mail: Lexi [alyman@ricouncil94.org](mailto:alyman@ricouncil94.org) or Fax: (401) 724-2060  
John [jburns@ricouncil94.org](mailto:jburns@ricouncil94.org)

**Registration form must be received three days prior to training date**