

2020 FALL REGISTRATION FORM

RI Council 94 Training Program

Please Print

Local #: _____
Name: _____
Home Address: _____ _____
Home Phone: _____
Home E-mail Address: _____
Employer: _____
Department/Division: _____
Job Title: _____
Work phone: _____

To register for a module, please place an “x” in the box after the name of the module and select in person or zoom. You can sign up for more than one module.

Training Modules	Course selection	In Person	Zoom
Union 101			
Grievance Handling			

Meals are served at each class for those attending in person.

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

E- Mail or fax completed form

E-Mail: Lexi alyman@ricouncil94.org and John jburns@ricouncil94.org

Fax: (401) 724-2060

Registration form must be received three days prior to training date