

# 2021 REGISTRATION FORM

## RI Council 94 Training Program

**Please Print**

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

**To register for a module, please enter the date in the box after the name of the module. You can sign up for more than one module.**

Training Modules	Training Date
Union 101	
Grievance Handling	
Leadership Skills Enhancement	

Food shall be provided for each class for those attending in person.  
If you have special dietary needs and/or require a disability accommodation,  
please advise us at the time of registration.

### **E- Mail or fax completed form**

E-Mail: Lexi [alyman@ricouncil94.org](mailto:alyman@ricouncil94.org) and John [jburns@ricouncil94.org](mailto:jburns@ricouncil94.org)

Fax: (401) 724-2060

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