

International Union of Operating Engineers LOCAL 399 SEMINAR REGISTRATION FORM

Date: / / Seminar Name:				AM		PM
Seminar Date: / /						
Name:						
Social Security No.: XXX - XX (last 4 digits	s only)	Date of Birt	:h: /		_/	
Home Address:						
City:	State	e:	_ Zip:			
Home Phone: (Cell	Phone: (()				
Personal EMail Address: By providing your email address, you authorize Local 399 to ser address. ABSOLUTELY NO BUSINESS, BUILDING OR FACILITY	end you class ι	updates and other	Union related inf	ormation \	 via you	r email
Are Your Currently A Local 399 Member?: Yes No						
Union Member Register Number:						
Referred by?:						
Place of Employment:						
Employer:						

PLEASE FILL OUT REGISTRATION FORM COMPLETELY AND LEGIBLY
FAX REGISTRATION FORM TO THE LOCAL 399 EDUCATION DEPARTMENT: (312) 842-1590
Or, you may SCAN AND EMAIL your registration form to: registrations@iuoe399.com

Any questions, please contact Local 399's Education Department: (312) 372-9870 Ext. 4000