

CLUW NATIONAL EXECUTIVE BOARD MEETING

June 6-9, 2002

Washington, D.C.

The Washington Court Hotel

PRE-REGISTRATION FORM

NAME _____ TELEPHONE _____

E-MAIL _____

ADDRESS _____

INTERNATIONAL UNION _____

LOCAL UNION _____

**ARE YOU AN N.E.B. COMMITTEE OR TASKFORCE MEMBER? IF SO,
PLEASE FILL OUT THE FOLLOWING:**

Name of Cmte/Taskforce _____

NAME OF CO-CHAIR(s): _____

MY POSITION ON THE CLUW NATIONAL EXECUTIVE BOARD IS:

National Officer _____

Union Delegate _____

Union Alternate _____

Chapter President _____

Chapter Delegate _____

Chapter Alternate _____

State Vice President _____

Alternate State Vice Pres. _____

OR OTHER ATTENDEES

State Coordinator _____

Guest Observer to N.E.B. Meeting _____

I CAN ATTEND N.E.B. MEETING _____

I CANNOT ATTEND N.E.B. MEETING _____

-OVER-

MY ROOM RESERVATIONS HAVE BEEN CONFIRMED WITH THE HOTEL.

I WILL ARRIVE ON:

WEDNESDAY, 6/5 _____ THURSDAY, 6/6 _____ FRIDAY, 6/7 _____

(Committee/Task Force Co-Chairs: Please note that the fifth special meeting of all co-chairs will take place on Thursday, June 6th at 6 pm. Please plan your arrival accordingly.)

***HURRY-THE DEADLINE TO MAKE ROOM RESERVATIONS IS MAY 17, 2002.**

**MY \$20.00 CONFERENCE REGISTRATION FEE IS:
ENCLOSED _____ TO BE PAID _____**

**PLEASE CHECK HERE IF YOU WOULD LIKE TO HAVE A
ROOMMATE/OR ARE WILLING TO SHARE A ROOM _____**

Please note: The CLUW office will provide to you the names & phone #'s of other(s) willing to share. (However, checking here does not guarantee a roommate).

**PLEASE RETURN THIS FORM WITH YOUR \$20.00 CONFERENCE
REGISTRATION FEE (please make checks payable to CLUW) TO:**

Yvonne Cohen
CLUW National Office
1925 K Street, NW, Suite 402
Washington, D.C. 20006
Fax: 202-776-0537

(If you FAX in your form, please be sure to fax both sides)

**PLEASE RETURN THIS FORM NO LATER THAN
MAY 17, 2002
Thank you!**