

2023 IPWU OFF-YEAR SEMINAR REGISTRATION FORM

LOCAL NAME: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

ATTENDEE INFORMATION

NAME

TITLE

CRAFT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGISTRATION FEE \$50 X _____ = \$ _____

CHECK # _____ DATE _____ AMOUNT \$ _____

ADDITIONAL NAMES CAN BE LISTED ON A SEPARATE SHEET OF PAPER.

CHECKS SHOULD BE MADE TO THE IPWU AND MAILED TO:

BOB GUNTER 5204 N ISABELL AVE PEORIA IL 61614