



2015 National CBC Meeting Registration Form

Please **PRINT** Clearly

Name: _____

Cell Phone Number:

Work Phone Number:

Home Email:

Work Email:

NSO Affiliate: _____

- Professional Staff Unit Associate Staff Unit Wall-to-Wall Unit

Staff Union Position: President Chief Negotiator Other _____

CBC (select one): Central Corridor Southern Western

Special Needs: *(check all that applies)*

- Walking Vegetarian Hearing Impaired
 Visually Impaired Food Allergies _____

First Time Attending: Yes No

Registration must be received no later than October 14, 2015. Send completed registration form by email or fax to

Mary Henson
Email: EsthersBaby@msn.com
Fax: 517-622-1892

