



2024 Martin Luther King, Jr. Observance REGISTRATION FORM

Personal Information

Full Name: _____

Cell Number: _____ Email Address: _____

Local Information

Local #: _____ Phone Number: _____

I am a (select one) Local Officer Local Board Member Local Member

Local Officer Approving *(required)*:

_____ Signature

_____ Print Name

Shirt Size S M L XL 2XL 3XL 4XL

****Please fill out one form per attendee****

**The registration fee is \$150.00 per attendee. Please make checks payable to
Transport Workers Union and send check with registration form to:**

**Transport Workers Union
Attn: Tinisha Thompson
1220 19th Street NW, Suite 600
Washington, DC 20036**

Emergency contact:

Name: _____ Phone: _____