

REGISTRATION FORM

THE NINTH NATIONAL LABOR-MANAGEMENT CONFERENCE
Hyatt Regency Chicago
April 7-9, 1998
Please print clearly

Name _____ Name _____

Title _____ Title _____

Name _____ Name _____

Title _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Fax (____) _____

Have you previously attended one of our eight National Labor-Management Conferences in Washington, DC or Chicago? yes no

Representing Private Sector Management Public Sector Management Federal Sector Management
(check one) Private Sector Labor Public Sector Labor Federal Sector Labor
 Neutral Academic Other

Enclosed is a check, money order or credit card authorization for \$_____ for conference registration fees. The fee is \$250 per person (\$300 after March 27) which covers admission to all sessions, two luncheons, and the cocktail reception (including round-trip transportation) at the Navy Pier. If you wish to bring a guest/spouse to the reception, enclose an additional \$50 plus the following information:

Name: _____

PLEASE NOTE: Credit Card billing will reflect "D. Bondurant and Associates" as merchant.

Type of Credit Card: American Express Master Card Visa

Name Imprinted on Credit Card

(Print): _____

Account Number: _____ Expiration Date: _____

Authorization Signature: _____

Please indicate any special needs (diet, adaptive rooms, etc.): _____

A refund of the above fees, less a \$35 processing fee, will be made only if cancellation is received before March 27, 1998. Checks/ money orders (U.S. funds only) should be made out to "The National Labor-Management Conference." Training forms or vouchers may be attached to this form. Our tax identification number is 52-1517022.

Mail this form and fees to:

Ms. Pam Gowland
Administrator
National Labor-Management Conference
P.O. Box 27429
Washington, D.C. 20038
FAX: (301) 589-4886