



GUEST REGISTRATION FORM

Please **print or type** the name and Local Union of the **delegate** who is bringing the guest(s):

Name of delegate: _____ **Local Union No.:** _____

GUEST(S)

*Please **print or type** the name(s) as it/they should be printed on the Guest Badge*

NPMHU member?

*Age of Child(ren)
(If under 18 years)*

*Food Allergies? Y/N
If yes, provide details*

NAME: _____ Y/N _____ _____

NAME: _____ Y/N _____ _____

NAME: _____ Y/N _____ _____

NAME: _____ Y/N _____ _____

NAME: _____ Y/N _____ _____

Please complete and return this form NO LATER THAN MAY 29, 2020.

You may mail the form to Ponise Shields at:
 NPMHU Headquarters
 815 16th St, NW, Suite 5100
 Washington, DC 20006.

To help expedite this collection process, you may also fax the completed form back to Ponise Shields at (202) 833-0008 or send it as a PDF attachment via e-mail to pshields@npmhu.org. Thank you very much for your anticipated prompt attention to this request.