





# Registration Form

## Teamsters Leadership Academy

### Local Union Office Managers

May 8-9, 2008

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Name: \_\_\_\_\_ Local: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Email: \_\_\_\_\_

How long in this role? \_\_\_\_\_

Have you made hotel reservations? Yes \_\_\_\_\_ No \_\_\_\_\_

Hotel not required, made other arrangements \_\_\_\_\_ (please check)

Have you attended previous Office Managers' TLAs? Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell us about your background with the Teamsters Union to give us an idea of your level of experience.

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Are there any particular issues or topics you would like for us to address in this program? If so, please describe. We will try to accommodate your requests, if possible.

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**Return this form to Marie Nolan, IBT Department of Training & Development, at Fax Number (202) 624-6851 by no later than Friday, May 2, 2008.**