

REGISTRATION FORM

UAW-Chrysler Technology Training Center
2500 E. Nine Mile Road
Warren, MI 48091
1-800-683-8840 • Tie Line: 8+737-4001 • Fax: (586) 427-6542

PARTICIPANT INFORMATION

CID #:	Last Name:	First Name:	MI:	Date/Sign-Up:
Day Phone #:	Home Address:	City:	State:	ZIP:
Home Phone #:	<input type="checkbox"/> Check if new address.			
Plant #:	Shift #:	Plant Name:	Dept #:	Local Union #:
Job Title:	Classification #:			
Emergency Contact Name:	Emergency Contact Phone #:			
Method of Transportation: <input type="checkbox"/> Airplane <input type="checkbox"/> Car	Hotel Room: <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking	<input type="checkbox"/> Special Needs: [Describe: _____]		
	I need a shuttle ride from the hotel to the TTC <input type="checkbox"/> Yes <input type="checkbox"/> No			

COURSE INFORMATION

Course Title:	Course #:	Session Dates:
Comments (if any):		

REQUIRED NAMES & SIGNATURES

Training Participant's Signature:	Local President or Designee	Plant Manager or Designee
	Signature:	Signature:
LTTC Contact Name:	LTTC Phone #:	LTTC Fax #: