

2024 IPWU STATE CONVENTION REGISTRATION FORM

Local Name _____

Contact _____

Address _____

Phone _____

Email _____

NAME

DELEGATE INFORMATION
TITLE

CRAFT

REGISTRATION FEE \$50 X _____ + \$ _____

CHECK # _____ DATE _____ AMOUNT \$ _____

ADDITIONAL DELEGATE INFORMATION CAN BE LISTED ON A SEPARATE SHEET OF PAPER.

CHECKS SHOULD BE MADE OUT TO THE IPWU AND MAILED TO:
Bob Gunter, President 5204 N Isabell Avenue Peoria IL 61614

Do you have any delegates who need an interpreter? Yes _____ No _____

Do you have any delegates who have special dietary needs? Yes _____ No _____
If so, what are they? (vegan, gluten free, etc)

_____ # _____
_____ # _____

Presidents, if there is anyone you would like to have serve on a committee,
please notify Bob 309-645-9878 sbgunter@live.com

DEADLINE

APRIL 12