

**American Postal Workers Union, AFL-CIO**  
**Deaf/Hard of Hearing Conference**  
**August 27, 2019**  
**Maritime Conference Center**  
**Linthicum Heights, MD 21090**

The American Postal Workers Union, AFL-CIO will be permitting members of the National Association of Letter Carriers (NALC), the National Postal Mail Handlers Union (NPMHU) and the National Rural Letter Carriers Association (NRLCA) to attend the Deaf/Hard of Hearing Conference on August 27, 2019.

Members of the NALC, NPMHU or NRLCA who wish to attend the APWU Deaf/Hard of Hearing Conference must register using this form. APWU members must register through the Member's Only section at [www.apwu.org](http://www.apwu.org). Please complete it in its entirety and return, along with payment, to the address listed below no later than Tuesday, August 20, 2019.

**Registration Information**

**Name:** \_\_\_\_\_

**Union:**                      NALC                                      NPMHU                                      NRLCA

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_                      **State:** \_\_\_\_\_                      **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_                      **E-Mail:** \_\_\_\_\_

**Payment Information**

Payment can be made via check or credit card and must be received with this form. The registration fee is \$45 per person and must be received no later than Tuesday, August 20, 2019 at the address below:

**American Postal Workers Union, AFL-CIO**  
**Attn: Deaf/Hard of Hearing Conference (ST)**  
**1300 L Street, NW**  
**Washington, DC 20005**

Checks should be made payable to the American Postal Workers Union. Please complete the section below to pay via credit card. All information will remain confidential.

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City, State & Zip:** \_\_\_\_\_

**Credit Card Type:**                      Visa                                      MasterCard                                      American Express

**Credit Card Number:** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Card Identification Number:** \_\_\_\_\_ (3 digits on back of Visa/MasterCard or 4 digits on front of American Express)

**Amount to Charge:**                      \$ \_\_\_\_\_

I, \_\_\_\_\_ authorize the American Postal Workers Union, AFL-CIO to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

**Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_