

**DELEGATE REGISTRATION FORM**  
**2024 DISTRICT 2-13 MEETING**

We hereby certify the following members as delegates to represent Local \_\_\_\_\_ at the CWA District 2-13 Meeting, which will be held at the Sheraton Valley Forge King of Prussia, 480 North Gulph Road, King of Prussia PA 19406, from October 1 through October 3, 2024.

The registration fee is \$125 per Delegate and Alternate.

**DELEGATES**

- |   |   |   |
|---|---|---|
| 1. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 2. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 3. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
| 4. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 5. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 6. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
| 7. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 8. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 9. Name: _____<br>Address: _____<br>_____<br>Email: _____ |

**ALTERNATE DELEGATES**

- |   |   |   |
|---|---|---|
| 1. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 2. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 3. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
|---|---|---|

The Chair of our Local delegation is \_\_\_\_\_.

Given under our hand this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Local President

\_\_\_\_\_  
Local Secretary

Please send the completed registration form and check made payable to CWA District 2-13 no later than September 3, 2024, to:  
CWA District 2-13, Attn: Alexis Varela, 230 South Broad Street, 19<sup>th</sup> Floor, Philadelphia, PA 19102.

**GUEST REGISTRATION FORM**  
**2024 DISTRICT 2-13 MEETING**

The following members will attend the CWA District 2-13 Meeting, which will be held at the Sheraton Valley Forge King of Prussia, 480 North Gulph Road, King of Prussia PA 19406, from October 1 through October 3, 2024, as guests of Local \_\_\_\_\_.

The registration fee is \$125 per Guest.

**GUESTS**

- |   |   |   |
|---|---|---|
| 1. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 2. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 3. Name: _____<br>Address: _____<br>_____<br>Email: _____ |
| 4. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 5. Name: _____<br>Address: _____<br>_____<br>Email: _____ | 6. Name: _____<br>Address: _____<br>_____<br>Email: _____ |

Please send the completed registration form and check made payable to CWA District 2-13 no later than September 3, 2024, to:  
CWA District 2-13, Attn: Alexis Varela, 230 South Broad Street, 19th Floor, Philadelphia, PA 19102.

Submitted by: \_\_\_\_\_