

**DELEGATE REGISTRATION FORM
2026 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 Williamsburg Lodge**, 310 S. England Street, Williamsburg VA 23185, from December 8 through December 9, 2026.

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

DELEGATES

- | | | |
|--|--|--|
| 1. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 2. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 3. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ |
| 4. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 5. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 6. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ |
| 7. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 8. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 9. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ |

ALTERNATE DELEGATES

- | | | |
|--|--|--|
| 1. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 2. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 3. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ |
|--|--|--|

The Chair of our Local delegation is _____.

Given under our hand this _____ day of _____, 2026.

Local President

Local Secretary

Please send the completed registration form and check made payable to CWA District 2-13 no later than October 30, 2026, to:
CWA District 2-13, Attn: Alexis Varela, 230 South Broad Street, 19th Floor, Philadelphia PA19102.

**GUEST REGISTRATION FORM
2026 DISTRICT 2-13 MEETING**

The following members will attend the CWA District 2-13 Meeting, which will be held at **The Williamsburg Lodge**, 310 S. England Street, Williamsburg VA 23185, from December 8 through December 9, 2026, as guests of Local _____.

The registration fee is \$125 per Guest.

GUESTS

- | | | |
|--|--|--|
| 1. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 2. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 3. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ |
| 4. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 5. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ | 6. Name: _____
Email: _____
Mobile #: _____
Badge nickname: _____ |

Please send the completed registration form and check made payable to CWA District 2-13 no later than October 30, 2026, to:
CWA District 2-13, Attn: Alexis Varela, 230 South Broad Street, 19th Floor, Philadelphia PA19102.

Submitted by: _____