

**IBEW/NECA EMPLOYEE BENEFITS CONFERENCE**  
**Registration Form**

There is a \$100.00 fee for each individual registering. **Please make checks payable to "NLMCC." DEADLINE: December 30, 2011**  
Do **NOT** send **hotel reservation information to the IBEW.**

The following will attend:

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

\*Title: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

\*\*Local Union: \_\_\_\_\_

\*\*NECA Chapter: \_\_\_\_\_

\*\*Other: \_\_\_\_\_

City & State: \_\_\_\_\_

\*\*\*\*\*

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

\*Title: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

\*\*Local Union: \_\_\_\_\_

\*\*NECA Chapter: \_\_\_\_\_

\*\*Other: \_\_\_\_\_

City & State: \_\_\_\_\_

\*\*\*\*\*

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

\*Title: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

\*\*Local Union: \_\_\_\_\_

\*\*NECA Chapter: \_\_\_\_\_

\*\*Other: \_\_\_\_\_

City & State: \_\_\_\_\_

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

\*Title: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

\*\*Local Union: \_\_\_\_\_

\*\*NECA Chapter: \_\_\_\_\_

\*\*Other: \_\_\_\_\_

City & State: \_\_\_\_\_

\* \* \* \* \*

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

\*Title: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

\*\*Local Union: \_\_\_\_\_

\*\*NECA Chapter: \_\_\_\_\_

\*\*Other: \_\_\_\_\_

City & State: \_\_\_\_\_

\* \* \* \* \*

**\*If TRUSTEE or ADMINISTRATOR of Fund(s), please name the fund(s)**

**\*\*PICK MOST APPLICABLE**

**Please mail this form and your check to:**

IBEW  
900 7<sup>th</sup> Street, NW  
Washington, DC 20001

ATTENTION: Joanne Lester