

Registration Form

UPMA 2018 Legislative Advocacy Days

Feb. 26-27, 2018

Renaissance Arlington Capital View Hotel

You also may register online at www.unitedpma.org



Please note: one attendee per registration form.

Name (as it should appear on your badge): _____

First Name _____ Last Name _____

Title (please check one that applies): Postmaster Postmaster Retired Associate Member Guest
 Supervisor Station Manager District Employee Area Employee PMR

Post Office You Represent: City _____ State _____

Name of your congressman or congresswoman (not senator): _____

Your Mailing Address: _____

City _____ State _____ ZIP _____

Daytime phone: _____

Email: _____

| Registration Fee: | (please circle fee that applies) | Registration |
|-------------------|----------------------------------|--------------|
| | On or before Feb. 1, 2018 | \$25 |
| | After Feb. 1, 2018 | \$50 |

Payment (Payment in full, using one of the following payment options, must accompany this form; payment is non-refundable):

- Check payable to UPMA
 Visa/MasterCard *only*

Card Number _____

Expiration Date ____/____ Card Security Code _____

Signature _____

Please mail completed forms, with payment in full, to:

UPMA Legislative Advocacy Registration
8 Herbert St.
Alexandria, VA 22305-2600