

2025 REGISTRATION FORM

RI Council 94 Training Program

Please Print

Local #: _____

Name: _____

Home Address: _____

Phone: _____ E-Mail Address: _____

Employer: _____ Department/Division: _____

Job Title: _____ Work Phone: _____

To register for a module, please enter the training date. You can sign up for more than one module.

Training Modules	Training Date
Union 101	
Grievance Handling	
Leadership Skills Enhancement	

Food will be provided for attendees of each class.

If you have special dietary needs and/or require disability accommodation, please advise us at the time of registration.

E- Mail or fax completed form

E-mail: training@ricouncil94.org

Fax: (401) 724-2060

Registration form must be received two days prior to training date.