

**UAW Civil and Human Rights Conference
Local Union Delegate Attendance and Payment Form**

Please submit this form and payment to your Regional Director **by August 1, 2017**

Make checks payable to: International Union, UAW

Region _____ Local Union _____

Delegate			Payment Amount
First Name	Last Name		
			<input type="checkbox"/> \$675.50 <input type="checkbox"/> Other: \$ _____
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