



**AFSCME Council 4
Fall Study Hall Registration Form**

**Where: VIA ZOOM
Time: 9:00 am – 12:00 pm**

*Please submit registration form to:
Kmartinez@council4.org or fax (860)224-3041
shortly after you will receive a zoom invite from Council 4 for the
training(s) you select below.*

Local: _____ **Job Title:** _____

Name: _____ **Union Position:** _____

Address: _____

Cell Phone Number: _____

****Home Email Address REQUIRED:** _____ **

Please check the training(s) you will be attending.

_____ Oct 10 9:00-12:00 Saturday Stewards	_____ Nov 21 9:00-12:00 Saturday Grievance Training
_____ Oct 24 9:00-12:00 Saturday Robert's Rules	_____ Dec 9 10:00-1:30 Wednesday Treasurer's/Financial Standard Codes
_____ Nov 14 9:00-12:00 Saturday Officer/Executive Board	_____ Dec 12 9:00-12:00 Saturday When it's Not a Grievance

Questions, please contact Kelly at the above email or call 860-224-4000