

WORKERS DEFENSE LEAGUE

**UNEMPLOYMENT INSURANCE TRAINING PROGRAM
FALL 2013**

REGISTRATION FORM

Please duplicate this form and submit one per registrant. Cost is \$250 per person; payments may be combined.

Name _____

Affiliation _____

Address _____

Telephone _____ Fax _____

E-mail _____

I would like to register for:

_____ 3 Thursdays: September 19, 26, October 3–10:00-noon

_____ 3 Tuesdays: October 1, 8, 15–10:00-noon

Enclosed is my check, payable to Workers Defense League, for \$ _____.

Sessions take place at 220 East 23rd Street, Suite 707, New York NY.

Mail to:

Workers Defense League

PO Box 618

Madison Square Station

New York NY 10159-0618