



UAW REGION 1A RETIREE RETREAT

June 30 – July 3, 2024

RETURN THIS FORM TO YOUR LOCAL UNION BY JUNE 10, 2024

First Name _____ Last Name _____

Local Union _____ Male _____ Female _____

Street Address _____ City _____ State _____ Zip _____

Email _____ Phone (____) _____

Emergency Contact Name: _____ Phone Number: (____) _____

Special Needs: Diabetic Sleep Apnea Handicap Other _____

Rates for the retreat are as follows. Please circle your rooming preference and indicate roommate request.

- **Single Occupancy - \$402.50**
- **Double Occupancy - \$275.00 (per retiree)**
- **Couple Package - \$550.00 (per couple)**
- **\$10 Bus Fee - per person**

Roommate Name: _____

TRANSPORTATION: Driving: _____ Bus: _____ (\$10 per person Local Unions are responsible for delegate transportation costs).

FOR THOSE DRIVING: The Walter and May Reuther UAW Family Education Center is located at:
2000 Maxon Road, Onaway, MI 49765

ATTENTION LOCAL UNIONS:

One check from the Local payable to **“UAW Region 1A”** must be submitted with this form(s) by deadline date.

Name of Local Union Financial Secretary

Check
Amount: _____

Please submit all registration forms for this payment

For extra copies of this form, please contact Nova Schollenberger at (313) 291-2750