



Worker's Memorial Day Event Reporting Form

Local Union Info: Local Union#: _____ District: _____

This Event is: Over Being Planning

Contact Person: _____

Telephone Number: _____

Employer Name: _____

Location: _____

Number Attended: _____ *Explain the Event below:*

Sponsors(If more than Local Union): _____

Please return this form to: United Steelworkers
Health Safety & Environment Department
Five Gateway Center
Pittsburgh, PA 15222

Remember to send any video, pictures, or other significant materials- with your permission this will be used in future publications. If you need anything returned we will be happy to do so in it's original form.