



Teamsters Training & Development Department

Order Form

Today's Date _____

For Members Quantity Total

Welcome to the Teamsters
(New Member Manual) (9329) \$1.25 _____

Welcome to the Teamsters (Spanish)
(New Member Manual) (9339) \$1.25 _____

Weingarten Rights Cards
(5800) \$12.00 per 100 _____

Weingarten Rights Cards (Spanish)
(5801) \$12.00 per 100 _____

For Stewards Quantity Total

Teamsters Stewards Manual
(9327) \$3.00 _____

Teamsters Stewards Manual (Spanish)
(9342) \$3.00 _____

Teamsters Airline Stewards Manual . . . \$5.00 _____

Steward's Quick Guide for Welcoming
New Members \$.50 _____

Steward's Quick Guide for Welcoming
New Members (Spanish) \$.50 _____

The Grievance Procedure:
Making It Work For Us \$3.00 _____

The Grievance Procedure:
Making It Work For Us (Spanish) \$3.00 _____

For Organizers Quantity Total

The Organizing Guide \$12.00 _____

Member Organizer's Manual \$3.00 _____

Member Organizer's Manual (Spanish) \$3.00 _____

For Officers/Business Agents Quantity Total

Bargaining Manual \$5.00 _____

Arbitration Techniques for
Teamster Officer's & Agents \$12.00 _____

Local Union Administration Manual . . \$12.00 _____

Building Membership Participation . . . \$2.50 _____

IBT Information Quantity Total

IBT Directory of Departments/Divisions \$2.50 _____

Teamster Brochure Free _____

Teamster Brochure (Spanish) Free _____

Novelty Items Quantity Total

IBT Pocket Folder (9333) \$1.25 _____

Teamster Pin (3035) \$1.50 _____

Teamster Pen (9008) \$.45 _____

Deluxe Briefcase (9325) \$20.00 _____

ORDER TOTAL \$ _____

To Order Materials, mail or fax this form to the IBT Department of Training and Development, 25 Louisiana Avenue, NW, Washington, D.C. 20001. Fax # (202)624-6851

NOTE: Orders not processed through a Local or Joint Council must be pre-paid with a money order or check made out to the International Brotherhood of Teamsters. Additional shipping charges may be applied to bulk orders.

Is this for a IBT Training and Development Dept. Program?
..... Yes _____ No _____
Date of Program?
..... _____

Last Name First Name

Title Local Union #

Street Address/P.O. Box

City State/Province Zip Code

Telephone Number Date Needed