

The 2011 Collective Bargaining Orientation Is Scheduled For February 23!

SMACNA is conducting a one-day Collective Bargaining Orientation scheduled for February 23, 2011 in Dallas, TX. The workshop will provide bargainers with advice on preparing for bargaining, updated information on health care reform and a comprehensive discussion on the legal framework for bargaining. Participants also will learn about preserving the multi-employer unit at impasse.

All SMACNA chapter executives, contractors, members of negotiating committees, members of the Local Joint Adjustment Board and others involved in the administration of a collective bargaining agreement should plan on attending this session.

SMACNA contractors and chapter executives interested in registering should complete the attached registration form and fax it to (703) 803-3704. Registrations are due by January 18, 2011.

2011 SMACNA

Collective Bargaining Orientation

Marriott Dallas/Ft. Worth Airport North
February 23, 2011

Tentative Schedule

7:00 a.m. Breakfast
 7:30 a.m. Introduction
 7:45 a.m. Preparing for Bargaining/ Dos and Don'ts
 9:15 a.m. Break
 9:30 a.m. Legal Framework for Collective Bargaining
 11:00 a.m. Impact of Health Care Reform on Collective Bargaining
 11:30 a.m. NPF and Its Collective Bargaining Implications
 12:00 p.m. Lunch
 12:45 p.m. How to Prepare For and Deal With an Impasse
 1:45 p.m. NJAB – Putting Your Best Foot Forward
 2:30 p.m. Break
 2:40 p.m. Negotiating Specialty Addendums
 3:20 p.m. Wrap Session
 4:00 p.m. Adjourn

Reserve Your Place Now at the 2011 Collective Bargaining Orientation!

February 23, 2011 • Marriott Dallas/Ft. Worth Airport North • 8440 Freeport Parkway, Irving, TX 75063
 Phone: (972) 929-8800 • Fax: (972) 929-6501

Name: _____ Company: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Fax: _____
 Nickname for Badge: _____
 Date of Arrival: _____ Date of Departure: _____

Room Rate: \$ 179.00 Single/Double plus applicable taxes

PLEASE PROVIDE A CREDIT CARD NUMBER TO GUARANTEE YOUR ROOM. (No Checks)

___ Visa ___ MasterCard ___ Amex Card # _____

Expiration Date: _____ Signature: _____

Print name as it appears on card: _____

REGISTRATION FEE:

Conference: \$249/person _____ (\$ x number of persons) TOTAL: _____

Check Enclosed _____
 Please charge to my (circle one): Visa/MasterCard/Amex Card # _____
 Expiration Date: _____
 Signature: _____ Print name as it appears on card: _____

PLEASE FAX THIS FORM BY **January 18, 2011** TO: (703) 803-3704
 SMACNA MEETINGS & CONVENTION DEPARTMENT
 PO Box 221230, Chantilly, VA 20153-1209 • (703) 803-2980 • FAX (703) 803-3704