



# ELECTRICAL TRAINING ALLIANCE

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TODD STAFFORD, EXECUTIVE DIRECTOR



## TRAINING REGISTRATION FORM

WHEN FAXING FORMS-FAX TO RUTH PEACOCK AT 888-568-7575

**YOU MUST INCLUDE PAYMENT WITH THIS REGISTRATION FORM IN ORDER TO BE REGISTERED FOR THE CLASS!**

\*Required Fields

| COURSE INFORMATION |  |  |  |                 |   |  |  |                                |   |  |   |                    |  |  |  |
|--------------------|--|--|--|-----------------|---|--|--|--------------------------------|---|--|---|--------------------|--|--|--|
| COURSE NUMBER*     |  |  |  | COURSE SESSION* |   |  |  | CLASS START DATE* (MM-DD-YYYY) |   |  |   | SEMINAR COST ONLY* |  |  |  |
| X                  |  |  |  |                 | - |  |  |                                | - |  | - |                    |  |  |  |
| COURSE TITLE*      |  |  |  |                 |   |  |  |                                |   |  |   |                    |  |  |  |

| PARTICIPANT INFORMATION - (ENTER NAME AS IT WILL APPEAR ON YOUR CERTIFICATE) |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |
|--|--|--|---|--|---|---|---|----------------------------|---|---|---|-------|--|-------------|--|
| (THERE WILL BE AN ADDITIONAL CHARGE IF WE HAVE TO REPRINT YOUR CERTIFICATE)  |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |
| FIRST NAME*  |  |  |   |  |   |   |   | LAST NAME*                 |   |   |   |       |  |             |  |
| STREET ADDRESS OR P.O. BOX*  |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |
| CITY*  |  |  |   |  |   |   |   |                            |   |   |   |       |  | ST OR PROV* |  |
| ZIP OR POSTAL CODE*  |  |  |   | SOCIAL SECURITY NUMBER* (LAST FOUR DIGITS) |   |   |   |                            |   |   |   |       |  |             |  |
|  |  |  | - | X  | X | X | - | X                          | X | - |   |       |  |             |  |
| CALL ME (NAME I GO BY)   |  |  |   |  |   |   |   | DATE OF BIRTH (DOB)        |   |   |   |       |  |             |  |
|  |  |  |   |  |   |   |   | / /                        |   |   |   |       |  |             |  |
| PHONE (INCLUDING AREA CODE)*   |  |  |   |  |   |   |   | FAX (INCLUDING AREA CODE)* |   |   |   |       |  |             |  |
| (  |  |  | ) | -  |   |   |   | (                          |   |   | ) | -     |  |             |  |
| E-MAIL ADDRESS   |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |
|  |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |
| JATC OR COMPANY INFORMATION  |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |
| JATC OR AJATC (PROGRAM #)*   |  |  |   | LOCAL UNION #*                             |   |   |   |                            |   |   |   |       |  |             |  |
|  |  |  |   |  |   |   |   | AUTHORIZED SIGNATURE*      |   |   |   | DATE* |  | PHONE*      |  |
| JATC OR COMPANY NAME*  |  |  |   |  |   |   |   |                            |   |   |   |       |  |             |  |

| BILLING INFORMATION (ONLY FOR THOSE WHO ARE PAYING WITH CREDIT CARD) |      |                          |            |                          |                  |                                       |  |      |  |                                 |  |       |  |          |  |
|--|------|--------------------------|------------|--------------------------|------------------|---------------------------------------|--|------|--|---------------------------------|--|-------|--|----------|--|
| <input type="checkbox"/>   | VISA | <input type="checkbox"/> | MASTERCARD | <input type="checkbox"/> | AMERICAN EXPRESS | SIGNATURE (AS IT APPEARS ON THE CARD) |  |      |  |                                 |  |       |  |          |  |
| AMOUNT TO CHARGE   |      | \$                       |            |                          |                  |                                       |  |      |  |                                 |  |       |  |          |  |
| CREDIT CARD NUMBER   |      |                          |            |                          |                  |                                       |  |      |  | PRINT NAME (AS APPEARS ON CARD) |  |       |  |          |  |
|  |      |                          |            |                          |                  |                                       |  |      |  |                                 |  |       |  |          |  |
| EXPIRATION DATE  |      |                          |            | SECURITY CODE            |                  |                                       |  |      |  |                                 |  |       |  |          |  |
|  |      |                          |            |                          |                  |                                       |  |      |  |                                 |  |       |  |          |  |
| BILLING ADDRESS FOR CREDIT CARD                                      |      |                          |            |                          |                  |                                       |  | CITY |  |                                 |  | STATE |  | ZIP CODE |  |
|  |      |                          |            |                          |                  |                                       |  |      |  |                                 |  |       |  |          |  |