



# NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE

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MICHAEL I. CALLANAN, EXECUTIVE DIRECTOR



## TRAINING REGISTRATION FORM

***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)				COST*				
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*				CALL ME (NAME I GO BY)					
-				X X X - X X -									
PHONE (INCLUDING AREA CODE)*						FAX (INCLUDING AREA CODE)*							
( ) -						( ) -							
E-MAIL ADDRESS								DATE OF BIRTH*					
								-					
JATC OR COMPANY INFORMATION													
JATC OR AJATC (PROGRAM #)*				LOCAL UNION #*				AUTHORIZED SIGNATURE*				DATE*	
JATC OR COMPANY NAME*													

BILLING INFORMATION (ONLY FOR THOSE WHO ARE PAYING WITH CREDIT CARD)													
VISA			MATERCARD			AMERICAN EXPRESS			SIGNATURE (AS IT APPEARS ON THE CARD)				
AMOUNT TO CHARGE			\$										
CREDIT CARD NUMBER						EXPIRATION DATE							
						/							
BILLING ADDRESS FOR CREDIT CARD						CITY			STATE		ZIP CODE		
PRINT NAME (AS APPEARS ON CARD)													