



# NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE

301 PRINCE GEORGE'S BLVD., SUITE D, UPPER MARLBORO, MD 20774  
PHONE: 301-715-2300 • EMAIL: [ruthp@njatc.org](mailto:ruthp@njatc.org) • HTTP://WWW.NJATC.ORG  
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)							
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)													
VISA		MASTERCARD		AMERICAN EXPRESS		SIGNATURE (AS IT APPEARS ON THE CARD)							
AMOUNT TO CHARGE		\$											
CREDIT CARD NUMBER						EXPIRATION DATE							
						/				PRINT NAME (AS APPEARS ON CARD)			
BILLING ADDRESS FOR CREDIT CARD						CITY				STATE		ZIP CODE	