SUPERINTENDENT CAREER TRAINING PROGRAM

PROGRAM REGISTRATION FORM

This Registration Form Must be Faxed at Least 35 Days prior to start of class.

FAX FORM TO: 702/938-1122 ATTN: David Lawson

Requested Program Start Date (check one)

☐ **June 26, 2008**	☐ **May 21, 2009**
☐ **July 24, 2008**	☐ **June 25, 2009**
☐ **October 23, 2008**	☐ **July 23, 2009**
☐ **December 18, 2008**	☐ **September 10, 2009**
☐ **February 5, 2009**	☐ **October 22, 2009**
☐ **March 26, 2009**	☐ **December 17, 2009**

Superintendent-in-Training: _____

UBC Local Number _____ Current Position _____

Phone: _____ _____ e-mail _____
Home Work *(Required)*

Mailing Address _____

_____ _____ _____
City State Zip

Mentor: _____ e-mail _____
(*required)*

Position/Title _____Phone: _____ FAX _____

Mailing Address _____

_____ _____ _____
City State Zip

Corporate Sponsor: _____ Contact_____
Company Name Person

Phone: _____ FAX _____ e-mail _____
(required)

Mailing Address _____

_____ _____ _____
City State Zip

For Additional Information, Contact:
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E-mail: dlawson@carpenters.org