



ADVANCED COMMUNICATORS CLASS

DECEMBER 8-13, 2019

Verify your name is as it appears on your driver's license or passport that you are presenting as identification at the airport.

First:	Middle:		
Full Legal Name (as printed on your ID)			
Last:	Nickname:		
Date of Birth:			
Gender:			
Title:			
Local Lodge:	District Lodge:		
Territory:			
Mailing Address:			
Province:	Postal Code:		
City:	State:	Zip Code:	
Home Phone:	Work Phone:		
Cell Phone:	Fax Number:		
E-Mail Address:			
Last 4 digits of SSN/SIN:	IAM Book No.:		

All information is mandatory. The form must be completed in full.

Registration forms must be received at the IAM by Friday, **October 4, 2019**. Return this form to: IAM Communications Department

(Phone: 301-967-4520)

Advanced Communicators Class

9000 Machinists Place

Upper Marlboro, MD 20772-2687

Or send by

email to: tcrutchfield@iamaw.org

FAX to: (301) 967-4586

ADVANCED **COMMUNICATORS** CLASS DECEMBER 8-13, 2019

	What are your primary duties?		
Does your lodge have a website? Yes \(\subseteq \text{No} \(\subseteq \)	What type of training would hel	p you most?	
Facebook page?			
Yes No No			
	Who is the primary employer in	your lodge?	
	What type of work do your mem	nbers do?	
	Have you attended Basic Communicators class at the Winpisinger Center? Yes \(\subseteq \text{No} \subseteq \) Have you attended other Communications classes at the Winpisinger Center? Yes \(\subseteq \text{No} \subseteq \)		
		sed participant meets the enrollment policies and munications Dept. and the William W. Winpisinger nter.	
		Lodge Officer's Signature, Title Mandatory	
		Printed Name	
	Lodge Seal <i>Mandatory</i>	Lodge Officer's Email Address	