



Continued Education Application

Name: _____

Last Name

First name

Middle Initial

Address: _____

Street /PO Box

City

State/Province

Zip Code

Cell Phone number: _____

Home phone or alternate Phone number: _____

Email address _____

Emergency Contact: _____

Spouse ___ Parent ___ Child ___ Other ___

Emergency Contact phone number: _____

Please check the course you wish to enroll for:

___ Manual Machining Class start date: _____

___ Basic Welding Class start date: _____

___ Basic Ornamental Welding Class start date: _____

___ Ornamental Design 1 Class start date: _____

___ Ornamental Design 2 Class start date: _____

___ Metal Art Independent Studies Class start date: _____

Please return application by e-mail to tward@iaiworks.com