



Continued Education Application-ORNAMENTAL WELDING

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 _____ Date of Birth _____

Emergency Contact & phone number: _____

Spouse ___ Parent ___ Child ___ Other ___

I WOULD LIKE TO ENROLL INTO THE FOLLOWING COURSE:

X **Ornamental Welding & Design 1**

Class start date: **May 18 - July 6th, 2017- Thursday evenings 4:30PM till 7:30PM**

***ALL WELDING CLASSES REQUIRE AN AUTO-DARKENING WELDING HOOD, WELDING JACKET AND WELDING GLOVES.**

INDICATE BELOW IF YOU WILL BE PROVIDING YOUR OWN PERSONAL PROTECTIVE EQUIPMENT (PPE) OR IF YOU WOULD LIKE TO PURCHASE THESE ITEMS FROM IAI.

___ I WILL PROVIDE MY OWN PERSONAL PROTECTIVE EQUIPMENT NOTED ABOVE

___ I WOULD LIKE TO PURCHASE A WELDING KIT WITH PERSONAL PROTECTIVE EQUIPMENT.

_____ Welding Jacket & Glove Sizes

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