



***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: September 18 - November 6th, 2017- Monday 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](mailto:tward@iaiworks.com)***