

**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 Dates (check one):*

- |                                            |                                             |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> June 26, 2008     | <input type="checkbox"/> May 21, 2009       |
| <input type="checkbox"/> July 24, 2008     | <input type="checkbox"/> June 25, 2009      |
| <input type="checkbox"/> October 23, 2008  | <input type="checkbox"/> July 23, 2009      |
| <input type="checkbox"/> December 18, 2008 | <input type="checkbox"/> September 10, 2009 |
| <input type="checkbox"/> February 5, 2009  | <input type="checkbox"/> October 22, 2009   |
| <input type="checkbox"/> March 26, 2009    | <input type="checkbox"/> December 17, 2009  |

**UBC Local Number:** \_\_\_\_\_ **Trainee Name:** \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home Work (Required)

**Mentor Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(Required)

Job Title: \_\_\_\_\_

**Corporate Sponsor:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Company Name Person

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(Required)

**For Additional Information, Contact:**

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