

Enrollment Form for Apprenticeship Technical Training

Apprentice Name: _____	AIT ID Number: _____
Trade Name: _____	

Employer's Name/Contact Information	Apprentice's Contact Information
Name: _____	Address: _____
Address: _____	_____ Apt.: _____
City: _____ Province: _____	City: _____ Province: _____
Postal Code: _____	Postal Code: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Cell Phone Number: _____
Fax Number: _____	*Email Address: _____
	Birth Date: _____

*To receive earlier/quicker communication, please ensure to include your email address.

CLASS REQUESTED: See 'Apprenticeship Technical Training Centre' on tradesecrets.alberta.ca

Training Provider _____

Period of Training _____

First Choice

Class Dates Class Code:

Optional Second Choice (if available at training provider)

Class Dates Class Code:

Method of Payment for Fees: Apprentices pay for tuition and may also pay for books, parking, student association, facilities, material and consumables during technical training. **To calculate the total amount of fees owing please see the training provider's enrollment information at <http://tradesecrets.alberta.ca/technical-training-centre/training-locations/>**

<p>Credit Card:</p> <p><input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> American Express</p> <p>Card Holder Name: _____</p> <p>Card #: _____</p> <p>Expiry Date: _____</p> <p>Amount Approved: _____</p>	<p>Please Attach:</p> <p>Cheque: _____ Money Order: _____</p> <p>Company Purchase Order #: _____</p> <p>Company Name: _____</p> <p>Company Address: _____</p> <p>Company Tel. / Contact: _____</p>
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Apprentice Signature: _____ Date: _____

Contact or forward your completed form to the appropriate training provider. Go to <http://tradesecrets.alberta.ca/technical-training-centre/training-locations/> for more information.