

ENROLLMENT PROCEDURES

Advanced Leadership

- Enrollments open to members who have completed Leadership I and Leadership II.
- A continuation of Leadership I and Leadership II programs. The program consists of topics such as: Leadership Psychology, Organizing, Union Ethics, Collective Bargaining II, and Workplace Communications.
- No more than **two (2) enrollments** will be accepted from a lodge per year.
- Submitter must be President, Business Rep or General Chairperson. No member or officer is permitted to submit their own enrollment.
- The **Accountability Statement is mandatory** for processing of enrollments. Members cannot sign for themselves. This must accompany the member's enrollment form.
- Lodges are urged to utilize the fillable pdf form available on the Winpisinger website at www.winpisinger.org. Should you not have access, you can use the forms included in this packet and return them by email (nlong@iamaw.org), fax **or** mail to the Winpisinger Center as soon as possible. **DO NOT SUBMIT DUPLICATE FORMS.** Enrollments are based on a first come, first served basis. Limited seating is available per program. A wait list is available but not guaranteed.
- When an enrollment is processed an acceptance letter will be sent to the lodge submitter.
- Approximately 4 to 6 weeks before the starting date of the program a packet will be emailed to the participant with a dated Program Reservation/Travel Information Request form, and further instructions.
- Cancellation of confirmed enrollments and "no-shows" will be counted as a "turn" and will affect the eligibility status of your lodge to have participants in future programs. Cancellations must be done in writing via email or fax from the submitter. **UNUSED TRANSPORTATION COSTS WILL RESULT IN PAYMENT BY THE LODGE.**

Cost

- Lodging is provided at the William W. Winpisinger Education and Technology Center. There is no charge to the member for room, meals, tuition, study materials, and refreshments. Gratuities and fundraising are the member's obligation.
- Any room charges incurred or other expenses outside the Winpisinger Center are the responsibility of the participant, the local or district lodge. Transportation to the Winpisinger Center will be provided as outlined in the September 14, 2015 Policy Letter. Lost time and normal out-of-pocket expenses may be paid by the Lodge (depending on Lodge by-laws). Out-of-pocket expenses are minimal at the Winpisinger Center. Most members find that about \$150 in spending money is enough for donations, souvenirs, and gratuities.
- Shipping class materials home will be at the member's own expense.

Additional Information

- All correspondence or requests for information in regards to programs described in this announcement should be directed to: William W. Winpisinger Education and Technology Center, 24494 Placid Harbor Way, Hollywood, Maryland 20636. Email forms or questions to nlong@iamaw.org. Phone inquiries may be directed to (301) 373-8820. Office hours are Monday - Friday, 8:00 am - 4:00 pm EST.
- **Please retain original blank copies of Enrollment Forms for future reference or changes.**

*****REMEMBER - INCOMPLETE FORMS CANNOT BE PROCESSED*****

For Office Use Only

Date Received	LL Seats	Update Record	New Record	Acct. Statement	Enroll	Enroll Letter

2019 OFFICIAL ENROLLMENT FORM ADVANCED LEADERSHIP

Review the "Enrollment Procedures" on page 10. **Email to:** nlong@iamaw.org; or **Fax to:** (301) 373-2860; or **Mail to:** William W. Winpisinger Education and Technology Center, 24494 Placid Harbor Way, Hollywood, MD 20636 **Please do not submit duplicate enrollment forms. Please type or print clearly. Illegible forms will be returned.**

Complete all information on both pages. Incomplete forms cannot be processed.

DATES ARE NOT GUARANTEED

Participant #1 of 2: (Mandatory – The following information must be filled in)

Date of Program Requested – Minimum of 2 dates: **English** **Spanish**

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Full Name (as printed on member's ID): _____ Nickname: _____

Date of Birth: _____ Union Position: _____

Local # _____ District # _____ Gender: Brother Sister Territory _____

Home Address: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

Evening Phone: () _____ Day/Cell Phone: () _____

Fax Number: () _____ E-Mail: _____

Last 4 digits of SSN/SIN: _____ IAM Book No: _____

Employer _____



Participant #2 of 2: (Mandatory – The following information must be filled in)

Date of Program Requested – Minimum of 2 dates: **English** **Spanish**

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Full Name (as printed on member's ID): _____ Nickname: _____

Date of Birth: _____ Union Position: _____

Local # _____ District # _____ Gender: Brother Sister Territory _____

Home Address: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

Evening Phone: () _____ Day/Cell Phone: () _____

Fax Number: () _____ E-Mail: _____

Last 4 digits of SSN/SIN: _____ IAM Book No: _____

Employer _____

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