

# 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 for Union Leaders, Workplace Communications, History, and Collective Bargaining II.
- If the program(s) the lodge has requested is/are full, those members will be placed on the priority waiting list for 2011.
- No more than **two (2) enrollments** will be accepted from a lodge per year, including those assigned to a class from the priority waiting list from the previous year.
- 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 fax **or** mail the Enrollment Form to the Winpisinger Center as soon as possible. **DO NOT SUBMIT DUPLICATE FORMS.** Enrollments are based on a first come, first served basis, in keeping with the October 21, 2005 Policy Letter. Limited seating is available per program.
- When an enrollment is accepted, a notification will be sent to the lodge submitter notifying them of the enrollment.
- Approximately 6 to 8 weeks before the starting date of the program a packet will be sent 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 schools. **UNUSED TRANSPORTATION COSTS WILL RESULT IN PAYMENT BY THE LODGE.**

### Cost

- Lodging is provided at the William W. Winpisinger Education and Technology Center's dormitory at 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 or the local or district lodge. Transportation to the Winpisinger Center will be provided as outlined in the October 21, 2005 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 \$100 in spending money is enough for: cab fare, souvenirs, gratuities and MNPL donations.
- Shipping class materials home are at your 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. 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\*\*\***

Date Received	GVP Code	LL Seats	Assign Date	Subm Roster	Part Record	Update Record	New Record	Acct. Statement	Enroll	Enroll Letter

**2010 OFFICIAL ENROLLMENT FORM ADVANCED LEADERSHIP**

Review the "Enrollment Procedures" on page 10. **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 – fax or mail.**

**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 School Requested: \_\_\_\_\_ English  Spanish   
 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_  
 Full Legal Name (as printed on your ID): \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Union Position: \_\_\_\_\_ Territory \_\_\_\_\_ Gender: Brother  Sister   
 Local # \_\_\_\_\_ District # \_\_\_\_\_ **Submitted by:**  Local  District (please check one)  
 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 \_\_\_\_\_  
 Date attended Leadership II: \_\_\_\_\_

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

Date of School Requested: \_\_\_\_\_ English  Spanish   
 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_  
 Full Legal Name (as printed on your ID): \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Union Position: \_\_\_\_\_ Territory \_\_\_\_\_ Gender: Brother  Sister   
 Local # \_\_\_\_\_ District # \_\_\_\_\_ **Submitted by:**  Local  District (please check one)  
 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 \_\_\_\_\_  
 Date attended Leadership II: \_\_\_\_\_

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Please type or print the information below

**Mandatory - Must be completed to process enrollment:**

**ACCOUNTABILITY STATEMENT**

Members **CANNOT** sign for themselves. This statement must be signed by the President of the Lodge. The Business Rep, or General Chairperson must sign for the President.

Print Name: \_\_\_\_\_  
\_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

Day/Cell Phone: ( ) \_\_\_\_\_ Extension/Dept. \_\_\_\_\_

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

City \_\_\_\_\_ State/ Zip Code/  
\_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

This is to recommend and certify that the member(s) named on this enrollment form have been actively working to promote the IAM in the following manner:

**Participant #1 Name** (as appears on front of this form): \_\_\_\_\_

Describe union related activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Participant #2 Name** (as appears on front of this form): \_\_\_\_\_

Describe union related activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Submitter Information:**

**Members cannot submit for themselves. Submitter information must be filled out by the Local Lodge President, Business Rep or General Chairperson.**

\*Submitted by: \_\_\_\_\_

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

Lodge No: \_\_\_\_\_ or District No: \_\_\_\_\_

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

City: \_\_\_\_\_ State/ Zip Code/  
\_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day/Cell Phone: ( ) \_\_\_\_\_ Extension or Department: \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Lodge President: \_\_\_\_\_

Lodge President Day/Cell Phone: ( ) \_\_\_\_\_

Dir. Bus. Rep. (DBR): \_\_\_\_\_ or General Chairperson (GC): \_\_\_\_\_

**\*ENROLLMENTS CANNOT BE PROCESSED WITHOUT SUBMITTER INFORMATION.**