

ENROLLMENT PROCEDURES

Train-the-Trainer Program

- Enrollments open to members who have completed Leadership I, Leadership II and Advanced Leadership.
- The overall objective of the program is to train select District and Local officers in the art of teaching rank and file members in their respective jurisdictions. The central topic taught in the program is adult education methods. Participants are then instructed how to teach a wide range of subjects in the area of steward training, organizing and political economics. Each participant is expected to carry out their mission *in coordination with the GVP and Field Education Representative*. Upon completion of each class a Field Evaluation Form will be sent to the GVP's office and the Winpisinger Center.
- A recommendation must accompany the member's enrollment either from the Business Representative, General Chairperson or Local Lodge President signifying the member has been actively working, when called upon, to further the course of the IAM (see attached enrollment form).
- If the program(s) the lodge has requested is/are full, those members will be placed on the priority waiting list for 2011.
- **Two enrollments per lodge** will be accepted each year for Train-The-Trainer.
- 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.

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*****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 TRAIN-THE-TRAINER

Review the "Enrollment Procedures" on page 13. **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: _____

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

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

Date of School Requested: _____

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

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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/ Province _____ Zip Code/ 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/ Province: _____ Zip Code/ 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**