



IOWA ELECTRICAL APPRENTICESHIP AND EDUCATIONAL TRUST REGISTRATION FORM

IEA
1948 N.W. 92 Court
Clive, IA 50325
515-224-4349
1-800-572-6191

A Copy of this form is to be completed for EACH PARTICIPANT. This form should be completed as soon as possible and mailed to the Training Center with your payment for the registration fee (\$50.00). Make checks or money orders payable to the IEA. Registration fee will be refunded upon course completion. Failure to notify the IEA in advance (NLT 24 hours prior to class start date) that a participant is unable to attend the scheduled class will result in the registration fee being forfeit.

– Make extra copies of this registration form as needed-

1. Participant's Name: _____
 2. Mailing Address: _____
 3. City, State, ZIP: _____
 4. Phone Number(s): _____
 5. Participants State Electrical License #(s) - (Note: This Information is required and must be included on the course completion Certificate(s):
IA#: _____
SD#: _____
NE#: _____
City of Sioux City # _____
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I wish to register for the following course (s).

1. Course #/Title/Date(s) _____
2. Course #/Title/Date(s) _____