



APPRENTICESHIP TRAINING REGISTRATION FORM



LIST COURSE TRADE: _____

LEVEL: _____

LOCATION OF SCHOOL: _____

REQUIRED INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CELL NUMBER: _____ EMAIL: _____ SS#: _____

D.O.B.: _____ ARE YOU A VETERAN: _____ ANY SPECIAL NEEDS: _____

EMPLOYER: _____ CONTACT: _____

TUITION

ABCIL MEMBER TUITION: \$4,000

NON-MEMBER TUITION: \$5,000

Visit us at www.LearnYourTrade.com

ALL TUITION MUST BE PAID IN FULL 7 DAYS PRIOR TO THE START DATE OF CLASS!

Please return applications to the ABCIL Elk Grove Village office at:

Fax: 847.709.2970, E-mail: Chandra@abcil.org or Mail to: 1541 Elmhurst Road -
Elk Grove Village, IL 60007

PAID BY CHECK?: _____

CREDIT CARD# (all forms accepted): _____

NAME ON CARD: _____

EXP. DATE: _____ SECURITY CODE: _____

REFUND POLICY: Withdrawals/cancellations prior to the class start date will be issued a full refund, following the 1st class a 75% refund, and following the 2nd class a 50% refund. All refunds are less the textbook price of \$120.00. **NO REFUNDS WILL BE ISSUED AFTER THE 3RD CLASS.**

STANDARDIZED CRAFT TRAINING PROCESS RELEASE STATEMENT & STUDENT HANDBOOK

I hereby authorize the registrar of the NCCER national craft-training registry to verify information in my craft training records to sponsor representatives upon request. I release and hold harmless the National Center for Construction Education and Research for this verification process. The information above is true and correct to the best of my knowledge and I grant Associated Builders and Contractors - Illinois Chapter, Inc. the right to release all course transcripts and any other training documents to my employer or its assignee without recourse. I also agree to all items listed in the Student Handbook.

Applicant Signature: _____ Date: _____