

Associated General Contractors of Iowa 2009 HIT TRAINING REGISTRATION FORM

(To be Completed by Employer)

Employer Information

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Education Contact: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Please use a separate form for each trainee

Employee Information

Employee Name: _____ Address: _____

Phone Number _____

Highway Industry Training Program that you want to enroll your employee in

(see HIT index for exact title) _____

Social Security # _____ - _____ - _____ Total years of work experience _____

Total Hours enrolled in program (please circle one) 520 1040 2080 IDOT Required Trainee Y or N

Race (circle one): *Caucasian African/American Hispanic Asian American Native American Other*

AGC Policy:

AGC reserves the right to cancel classes or to make changes in location/format as needed.

Must have a minimum of attendees as listed on information sheet to offer class.

→ **Registration form(s) and payment are due 14 days before the start date of class** ←

Registration(s) will not be accepted without payment!

A confirmation will be mailed to the Education Contact with exact program requirements and guidelines for each training participant.

Refund Policy: There is *NO* refund 10 days prior to the start of the class

**Payment of \$100 is required for administration fees for each year the trainee is in the program.
(IDOT funds cannot be used for the administration fee payment).**

\$ _____ Check Enclosed _____ Bill my company

Circle one: *Visa MasterCard* Name on Card: _____

Card #: _____ Exp. Date _____

Mail or Fax to:

Associated General Contractors of Iowa (AGC)
701 East Court Avenue, Suite B, Des Moines, Iowa 50309
Fax: 515-244-6289
Questions? Call Becky Bales @ 800-728-2424 or 515-283-2424