

June 26-28, 2018



University of Idaho

Application Form

PROFESSIONAL INFORMATION (PLEASE COMPLETE OR ATTACH YOUR BUSINESS CARD HERE.)

Name _____

Title _____

Department _____

Company _____

Company Mailing Address _____

City _____ State _____ Zip/Postal Code _____

Country _____ Telephone _____
Area Code + Number

E-mail _____

Company Website _____

**Please email
a 300 DPI
digital image for
the class roster.**

CURRENT JOB INFORMATION

Length of time in job _____ Number of years in utility industry _____

PERSONAL INFORMATION

Formal Name (for certificate) _____

Emergency Contact _____ Relationship _____ Phone _____

Return to: Patty Carscallen, Manager
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