

# 2018 I.A.T.S.E. ADVANCED OFFICER INSTITUTE 2.0

ORGANIZING 2.0 | DETROIT, MI | JUNE 26 – 28, 2018  
 SECRETARY TREASURER 2.0 | ATLANTA, GA | APRIL 30 – MAY 2, 2018  
 SECRETARY TREASURER 2.0 | TORONTO, ONT. | SEPT 24 – 26, 2018

(ALL CLASSES FOR U.S. AND CANADIAN LOCALS)

*PRE-REQUISITE ORGANIZING 2.0 - You must be a graduate of a prior IATSE Officer Institute, held in Philadelphia, Chicago, Los Angeles, Calgary, New York City, Atlanta, Las Vegas, Toronto, Cambridge, Austin, Vancouver, Linthicum Heights, Denver, Orlando, or Nashville.*

*PRE-REQUISITE SECRETARY/TREASURERS 2.0 – You must currently hold office in your local union as Secretary or Treasurer or (regardless of office) be a graduate of a prior IATSE Officer Institute, held in Philadelphia, Chicago, Los Angeles, Calgary, New York City, Atlanta, Las Vegas, Toronto, Cambridge, Austin, Vancouver, Linthicum Heights, Denver, Orlando, or Nashville.*

**APPLICATIONS MUST BE SUBMITTED TO THE I.A.T.S.E. EDUCATION DEPARTMENT AT LEAST 4 WEEKS PRIOR TO THE BEGINNING OF COURSE. PARTICIPANTS ARE REQUIRED TO ATTEND ALL CLASSES TO RECEIVE CERTIFICATION.**

PLEASE PRINT LEGIBLY

1. APPLICANT				
LAST NAME		FIRST NAME		MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE, if different from above:				
STREET ADDRESS			HOME PHONE	
CITY	STATE/PROVINCE	ZIP CODE/POSTAL CODE	WORK PHONE:	
CELL PHONE		EMAIL ADDRESS (please print)		
2. SESSION (CHOOSE ONE. IF YOU WISH TO ATTEND MORE THAN ONE CLASS, SUBMIT SEPARATE APPLICATIONS FOR EACH.)				
MUST BE A LOCAL UNION SECRETARY TREASURER AND/OR IATSE O.I. GRADUATE (ALL CLASSES FOR U.S. AND CANADIAN LOCALS)				
<input type="checkbox"/> SECRETARY TREASURER 2.0 ATLANTA, GA   APRIL 30 – MAY 2, 2018		<input type="checkbox"/> SECRETARY TREASURER 2.0 TORONTO, ONTARIO   SEPT 24 - 26, 2018		
<input type="checkbox"/> ORGANIZING 2.0   DETROIT, MI   JUNE 26 – 28, 2018 (MUST BE AN IATSE O.I. GRADUATE)				
3. LOCAL UNION INFORMATION				
LOCAL NUMBER	LOCAL UNION CITY/STATE		POSITION AT LOCAL	
4. APPLICANT SIGNATURE				
I certify that all of the information on this form is true and complete to the best of my knowledge. I agree that the I.A.T.S.E. can share my name with its General Executive Board and with any Local Union.				
SIGNED			DATE	
5. AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD				
I certify that I.A.T.S.E LOCAL _____ endorses the enrollment of the above named applicant in the I.A.T.S.E Officer Institute 2.0.				
SIGNED			DATE	
TITLE				
FOR IATSE EDUCATION DEPARTMENT USE				
APPLICATION RECEIVED	STATUS AND NOTIFICATION		INITIALS	

**Return Completed Application via Email or Mail to:**

I.A.T.S.E Officer Institute 207 West 25th Street, 4th Floor New York, NY 10001

Email: [officerinstitute@iatse.net](mailto:officerinstitute@iatse.net)