

TRAINING TRACKER SUBMISSION FORM

Daily sign-in sheets must be attached and include host local, course date, course name, instructor name, participants' first and last names, and participants' date of birth. Course description and instructor biography may be attached as separate documents. Email completed form to tracking@iatsetrainingtrust.org.

TODAY'S	CONTACT			LOCAL
DATE	NAME		UNION	
EMAIL			PHONE	
COURSE DETAILS				
INSTRUCTOR NAME			INSTRUCTOR LOCAL	
INSTRUCTOR EMAIL				INSTRUCTOR PHONE
COURSE TITLE				TYPE OF TRAINING
COURSE DATES		COURSE LENGTH	HOURS	NUMBER OF STUDENTS
TRAINING VENUE AND ADDRESS				HOST LOCAL
COURSE DESCRIPTION				
Significant learning experiences and outcomes. Please fill in your answers to each question below.				
WHAT IS THIS COURSE ABOUT?				
WHAT WILL COURSE PARTICIPANTS LEARN IN THIS COURSE?				
HOW DOES THIS COURSE RELATE TO CRAFTS REPRESENTED BY THE LOCAL IN THE ENTERTAINMENT AND EXHIBITION INDUSTRIES?				
INSTRUCTOR BIOGRAPHY				
PLEASE INCLUDE THE INSTRUCTOR MAKE THEM SUITABLE TO TEACH T			ON AND EXPERIE	NCE, AND RELEVANT CERTIFICATIONS THAT