

CONTESTANT INTERVIEW FORM

**NOTE – Apprentices must be entered in the Apprentice database
ONE application per Contestant, per discipline**

Apprentice Name: _____

NOTE – This MUST be identical to the name on the photo identification they will be presenting at the airport. New TSA flight policies require this information.

Date of Birth: _____ Gender: _____

SSN Number: _____

International ID #: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Organization (JATC): _____

AREA COMPETING IN: (ONLY CHECK ONE BOX)

- HVAC
- INDUSTRIAL / WELDING
- TAB
- ARCHITECTURAL
- SERVICE

Indenture Date: _____

Anticipated Apprentice Completion Date: _____

Age of Contestant: _____

Las Vegas has very strict gaming laws. Each guestroom must have at least one (1) registered guest 21 years of age or older. This is the exact verbiage we received from Caesar's Palace, so you or someone over the age of 21 will need to be with your contestant(s) when they register at the hotel if the contestant is under the age of 21.

Shirt Size:

- Small 1X
- Medium 2X
- Large 3X
- X-Large 4X

Prepaid Air Travel: YES NO

Please explain the options available to your contestant. Make sure they understand that if they select YES, iTi will handle all aspects of acquiring the contestant's airline ticket. A travel list will be sent to the SMWIA travel office with all the pertinent information needed to purchase their ticket (similar to the process we use for Instructor Training). The SMWIA travel office will purchase ONLY the contestant ticket. If the contestant has a traveling companion who must be on the same flight, we recommend they select NO and make their own travel arrangements AFTER they receive their approval letter. They will be reimbursed at the applicable IRS rate versus super saver mileage, whichever is less. Make sure you complete the "Departing City" and "Departing Airport" information below so we can calculate the correct travel reimbursement.

If your JATC is going to purchase the contestant(s) ticket(s), please notify Judy at the iTi office and she will have the travel reimbursement check made payable to your JATC versus the contestant.

Departing City: _____

Departing Airport: _____

Hotel Room Size: Single Double

Hotel Room Preference: Smoking Non-Smoking

Hotel Arrival Date _____

Hotel Departure Date: _____

If you are traveling from an area that requires your arrival in Las Vegas one (1) day early (on March 4), please indicate this as your arrival date and call Judy at the iTi office to get approval. Under normal circumstances, the contestant arrival date should be March 5, no later than 3:00 pm. Because iTi is paying for all contestants to attend the Partners in Progress Conference, the contestant departure date should be March 10, AFTER 1:00 pm. Please note that iTi will only pay for the nights of March 5-9 (unless you have been approved for early arrival). Any nights after March 9 will be the responsibility of the contestant, who will need to provide a personal credit card at check in for the additional night(s). We will secure the extra night(s) on their reservation, but iTi is not responsible for the payment of said extra night(s).

Although the iTi will cover the cost of lodging, the hotel requires that you present a valid credit card for incidental charges. If you present a debit card, they will hold money from your account for each night of your stay. Please be aware that this is standard hotel policy.

Number Attending Welcome Reception including applicant: _____

Please enter the total number of people who will be attending the Welcome Reception on March 5. Include the contestant and all family/friends/guests who will be accompanying him/her. You also need to include yourself and anyone from your JATC / local. ONLY INCLUDE JATC/LOCAL PEOPLE ONCE...e.g. if you are signing up five (5) contestants, use ONLY ONE of the contest applications to include YOUR JATC / LOCAL headcount for the Welcome Reception. This number is very important to ensure that we plan properly for everyone who will be attending.

Any Special Needs: _____

If your contestant has any special rooms needs e.g. portable crib, refrigerator for insulin, etc. this is where you would mention that information.

Employer's Company Name: _____

Employer's Street Address: _____

Employer's City: _____

Employer's State: _____

Employer's Zip Code: _____

Employer's E-mail Address: _____

Please complete all of the Employer related questions. This information could be used for the Awards Banquet program and/or to contact the employer regarding this contestant's participation in the 2012 Contest. If you are currently unemployed, please type n/a in the company name section.