

**Precision Manufacturing Institute**  
764 Bessemer Street, Suite 105  
Meadville, PA 16335  
Phone 814-333-2415 • Toll Free (877) 701-9204 • Fax 814-337-8172

**Industry Student Signup/Contact Sheet**

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Please **PRINT** all information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Work) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail: \_\_\_\_\_

Are you a United States citizen? \_\_\_ Yes \_\_\_ No Race (Optional): \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Employment Information:**

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Industry Course Information:**

Course Title: \_\_\_\_\_

Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course Location: \_\_\_\_\_

**Certification:**

*As an industry student, I understand that all aspects of my training may be reported to my employer. This includes but is not limited to my attendance, grades, and evaluations.*

(x) Student Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_