

# NATIONAL APPRENTICESHIP WEEK

OMB Approval No. 1290-0002  
Expiration Date: 02/28/2021

## REGISTER YOUR EVENT

Please complete the form below to register your event for National Apprenticeship Week (NAW). Questions? Email us at [NAW@dol.gov](mailto:NAW@dol.gov).

### Contact Information

Contact Full Name \*

Contact Email \*

Organization Name \*

### Event Information

Event Name \*

Event Website

*Example: Facebook event page URL, Eventbrite URL, website URL*

http://

Event Description \*

*Short description of the event, who should attend, why, and how to participate.*

Event Type \*

*Please choose "public" if your event is open to the general public, or "private" if your event is closed to the general public.*

Please select...

Event Setup \*

*Please choose "in-person" if your event is live in-person or "virtual" if your event is virtually hosted.*

Please select...

Event Date \*

*Please list when your event is taking place during.*

Start Time \*

11:45 AM

End Time \*

11:45 AM

Event Location \*

*If this is a virtual event, please include your organization's street address.*

Street Address \*

City, State, Zip \*

Please select...

### Attendee Information

Number of Expected Attendees \*

Please select...

Expected Notable Guests \*

Please select...

Your Industry \*

Please select...

Opt-In \*

By submitting this form, you are agreeing to receive additional news, information and communications from the U.S. Department of Labor. You are also providing permission to the Department of Labor to publish information about your proclamation on the [National Apprenticeship Week webpage](#).

**SUBMIT** >

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Ave NW, Room N-1301, Washington, DC 20210, and reference the OMB Control Number. Note: Please do not return the completed web application to this address.

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## SUBMIT YOUR PROCLAMATION

Please complete the form below to submit your proclamation for National Apprenticeship Week (NAW). Questions? Email us at [NAW@dol.gov](mailto:NAW@dol.gov).

### Contact Information

Contact Full Name \*

Contact Email \*

Point of Contact Phone \*

123-456-7890

### Proclamation Information

Proclamation Issued On \*

Name of Signatory/Signatories \*

*Include the individual, individuals, or government entity (Council, Committee, etc.) that issued the proclamation.*

Street Address \*

*Enter the street address for the government office that issued the proclamation so this proclamation can be included on our interactive map.*

City, State, Zip \*

 Please select... 

Link to Digital Copy of Proclamation

*If this proclamation has been posted on a website for members of the public to view it, please enter the URL here. The Department of Labor will not be able to display a visual of your proclamation without the URL provided via this form.*

http://

Opt-In \*

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## UPDATE YOUR EVENT OR PROCLAMATION

Use the form below to request changes to a previously submitted event or proclamation for National Apprenticeship Week (NAW). Edits will only be accepted from the person who originally submitted the event or proclamation. Questions? Email us at [NAW@dol.gov](mailto:NAW@dol.gov).

\* Required field

### Contact Information

Your Full Name \*

Your Email \*

Please Update My \*

Name of Your Event/Proclamation \*

Please describe what you would like changed on your event/proclamation listing \*  
(Please provide as much detail as possible to ensure an accurate update on the map.)

By submitting this form, you are agreeing to provide permission to the U.S Department of Labor to publish information about your event on the [National Apprenticeship Week webpage](#).

**SUBMIT** >

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