

NATIONAL APPRENTICESHIP WEEK

Register Your Event

Please complete the form below to register your event for National Apprenticeship Week. Questions? Email us at NationalApprenticeshipWeek@dol.gov.

Contact Information

Contact Full Name

Contact Email

Organization Name

Event Information

Event Name

Event name must be 80 characters or less

Event Website
(Example: Facebook event page, Eventbrite, website URL)

Event Description
(Short description of the event, who should attend the event, why, and how to participate.)

Event description must be 1000 characters or less

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.

Virtual Event
Please choose "yes" if your event is hosted virtually or "no" if your event is live in-person.

Targeted Population(optional)
Please select all that apply.

- Dislocated Workers
- Individuals with Disabilities
- People of Color
- Transitioning from Incarceration

Start Date
Please enter the date on which your event starts.

End date
Please enter the date on which your event ends.

Start time

End time

Timezone
Please select the timezone for your event.

- Eastern Time
- Central Time
- Mountain Time
- Pacific Time

Event Location

(If this is a virtual event, please include your organization's street address)

Street Address

City

State

Zip code

Number of expected attendees

Are there any notable guests attending your event?
Please select all that apply.

- Governor
- Mayor or other city officials
- Senator
- Congressperson

Your industry(s)
Please select all that apply.

- Advanced Manufacturing
- Construction
- Cybersecurity
- Energy

Opt-in I agree
By submitting this form, you are agreeing to receive additional news, information and communications from the Department of Labor. You are also providing permission to the Department of Labor to publish information about your event 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 Avenue, N.W., Room N-1301, Washington, DC 20210 and reference the OMB Control Number. Note: Please do not return the completed web application to this address.

OMB Control Number: 1225-0059
Expiration Date: 02/29/2024

NATIONAL APPRENTICESHIP WEEK

Submit Your Proclamation

Please complete the form below to submit your proclamation for National Apprenticeship Week. Questions? Email us at NationalApprenticeshipWeek@dol.gov.

Contact Information

Contact Full Name

Contact Email

Point of Contact Phone

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 Code

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.

Opt-in

I agree

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

SUBMIT

NATIONAL APPRENTICESHIP WEEK

Update Your Event or Proclamation

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

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

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 Avenue, N.W., 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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NATIONAL APPRENTICESHIP WEEK

Share Your Event Highlights!

Please complete the form below to share highlights from your completed National Apprenticeship Week (NAW) event. We may use your information or reference your event to celebrate the success of NAW. Questions? Email us at NationalApprenticeshipWeek@dol.gov.

Contact Information

Contact Full Name

Contact Email

Organization Name

Event Information

Event Name

Event name must be 80 characters or less

Start Date

End date

Event Highlights

Number of Attendees

Notable Event Guests

Please select all that apply.

 Governor
 Mayor or other city officials
 Senator
 Congressperson
 Apprentice

Description of Events

Please note aspects of your event that you would like to highlight.

Description of Events must be 1000 characters or less

Photos

Please share websites or link to a folder that displays photos, if applicable, or leave this field blank and email photos directly to NationalApprenticeshipWeek@dol.gov with captions. (Enter one URL per line)

SUBMIT