



INSTITUTE OF CLASSICAL
ARCHITECTURE & ART

SUMMER PROFESSIONAL INTENSIVE PROGRAM 2012
JULY 19–28, 2012

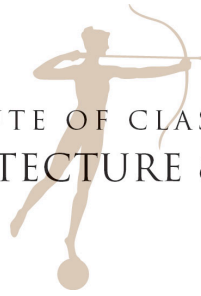
REGISTRATION FORM

Print out this form, **fill in** data and **fax** to (212) 730-9649.

If you prefer, you may print out the Registration Form and mail it along with payment.

PERSONAL DATA			
Mr./Ms./Mrs.:			
Address where you can be contacted:			
Street:			
City:	State:	Zip Code:	Country:
Home Telephone:		Business Telephone:	
Facsimile:		Email Address:	
If this address is temporary, until what date can you be reached there?			
Permanent Address (if different from above)			
Street			
City:	State:	Zip Code:	Country:
Telephone:			
ACADEMIC HISTORY			
Please list all educational institutions or programs attended following high school.			
Name of Institution	Dates Attended	Major Area of Study	Degree & Date
RELATED EXPERIENCE			
Please list all relevant work experience, awards, honors, apprenticeships, internships, commissions, etc. with dates.			
Position/Award		Dates	
Is this your first course at the Institute of Classical Architecture & Art?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, last course attended:			

INSTITUTE OF CLASSICAL ARCHITECTURE & ART



REGISTRATION AND PAYMENT	
Course	Fees
Summer Professional Intensive: July 19–28, 2012	
Tuition Fee:	\$1,795 (\$1,695 Members)
Nonrefundable Registration Fee:	\$25.00 (\$20.00 Members)
Materials Fee:	\$50.00
Total Payment:	
<input type="checkbox"/> I enclose check or money order for total shown (make check payable to: ICAA)	
<input type="checkbox"/> I hereby authorize use of my credit card (sign below)	
<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Signature : _____	
Credit Card No. _____ Expires: _____	
TUITION ASSISTANCE APPLICATION	
A limited amount of need-based funding for tuition only is available. * Note below if you are applying for funding and include the requested information with your application.	
<input type="checkbox"/> I am applying for Tuition Assistance (check if applying).	
Please indicate the amount of funding for tuition that would be required for you to attend the <i>Summer Intensive</i> . Amount of funding requested \$ _____.	
If you wish, you may include information for the Tuition Assistance Committee to review that may be helpful in their decision-making process. Some possible items might include:	
1) A copy of your most recent 1040 form 2) A recent bank statement 3) A letter of reference from an organization familiar with your financial capacity	

Print out this form, fill in data and **fax** to (212) 730-9649, or mail it to the Institute along with payment, including non-refundable registration fee.

For Bursar use only					
Date Received:	DB:	Credit Card:	Ltrr:		