



INSTITUTE OF CLASSICAL ARCHITECTURE & ART

WINTERIM INTENSIVE PROFESSIONAL PROGRAM 2015

REGISTRATION FORM

Print out this form, **fill in** data and **fax** to (212) 730-9649.
Or scan and email to education@classicist.org.

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	
General Background:			<input type="checkbox"/> AIA Member Number:
<input type="checkbox"/> Architect	<input type="checkbox"/> Fine Artist	<input type="checkbox"/> Planner	
<input type="checkbox"/> Artisan	<input type="checkbox"/> Historian	<input type="checkbox"/> Preservationist	
<input type="checkbox"/> Builder/ Tradesperson	<input type="checkbox"/> Interior Designer	<input type="checkbox"/> Student	
<input type="checkbox"/> Engineer	<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Other (Please specify):	



INSTITUTE OF CLASSICAL ARCHITECTURE & ART

REGISTRATION AND PAYMENT	
Course	Fees
Winterim Professional Intensive January 2 – January 10, 2015	
Tuition Fee:	\$1,995.00 (\$1,895.00 Members)
Nonrefundable Registration Fee:	\$25.00 (\$20.00 Members)
Enrollment in the ICAA Certificate in Classical Architecture Program (Optional)	\$60.00
Total Payment:	
<p><input type="checkbox"/> I enclose check or money order for total shown (make check payable to: ICAA)</p> <p><input type="checkbox"/> I hereby authorize use of my credit card (sign below)</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Signature : _____</p> <p>Credit Card No. _____ Expires: _____</p>	
TUITION ASSISTANCE APPLICATION	
<p>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.</p>	
<p><input type="checkbox"/> I am applying for Tuition Assistance (check if applying).</p>	
<p>Please indicate the amount of funding for tuition that would be required for you to attend the <i>Winterim</i>.</p> <p>Amount of funding requested \$ _____.</p> <p>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:</p> <ol style="list-style-type: none"> 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:		

20 WEST 44TH STREET, SUITE 310
NEW YORK, NY 10036-6603
PHONE (212) 730-9646, EXT 116 OR 108 ~ FAX (212) 730-9649
WWW.CLASSICIST.ORG