

## Rome Drawing Tour June 4 – 11, 2016

## Personal Data

<u>Name</u>							
Address							
Street							
City		State		Country		Zip Code	
Phone:		Email:					
Academic History							
Please list all educational institutions or programs attended following high school:							
Name of Institution	Major Area of S		Degree	0 0		Date of Graduation (expected)	
Related Experience							
Please list all relevant wo					nships, co	ommissions,	
etc.						7	
Position			Dates				

Registration and Payment

Course	Fees					
Rome Drawing Tour						
Tuition Fees	\$2650 (\$2550 Members)					
Total Paymen	\$					
Total Amount includes cost of instruction, lecture dinner and museum entrance fees.	fees, daytrip fees, opening reception and closing					
☐ I wish to pay by credit card.						
Please charge myAmerican Express	VisaMasterCard					
Number	Expiration					
Cardholder's name						
Signature						
Signature						
Enclosed is my check in the amount of \$						
Make checks payable to: Institute of Classical Arch 44th Street, Suite 310, New York, NY, 10036. If yo please call Ada Goldfeld on (212) 730-9646, ext. 13 agoldfeld@classicist.org	ou wish to pay by credit or debit card phone,					
Student Sc	holarships					
A limited number of student scholarships are availand include the requested information with your ap						
I am applying for a scholarship for \$						
1. Letter of Interest (200-350 words)						
2. Resumé or Curriculum Vitae						
3. Examples of your work: suggested 3-4 images submitted as PDFs						