

2 0 0 8 R E G I S T R A T I O N F O R M

Complete and Return Form to

CAMPBELL CENTER

For Historic Preservation Studies

203 Seminary, PO Box 66, Mt Carroll, IL 61053

Phone: 815/244-1173, Fax: 815/244-1619

Registration Information: To register for more than one course, submit separate form for each course. **Please print all information and sign the reverse side of this form.**

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone (Day) _____ (Evening) _____

Email Address _____ Check For Dorm Assignment ___ Male ___ Female

Institution _____

Address _____

City _____ State _____ Zip _____ Country _____

Position _____ Dept/Sec _____

Course _____

Dates _____ Course Fee \$ _____

Scholarship Requested * _____ Scholarship Amount \$ _____

** Please note that scholarships are subject to approval.*

Payment Methods: Course fees can be paid by personal, business checks or bank drafts (drawn on US banks only), money order or credit card. Tuition received by fax must be paid by credit card.

___ Check/money order payable to: Campbell Center ___ VISA ___ MasterCard (complete information below)

_____/_____/_____
Card Number / Expiration Date / Amount to Charge

Signature/Name on Card _____ Date: _____

2 0 0 8 R E G I S T R A T I O N F O R M (C o n ' t)

Please briefly describe your institution and collections

Professional/Education Data (or you may attach a resume)

Institution:

Title:

Date:

I certify that the statements made above are true and complete to the best of my knowledge;

Applicant's Signature _____ Date: _____