

2011 COURSE REGISTRATION FORM

The Campbell Center

Historic Preservation Studies

203 Seminary Street Mt Carroll, IL 61053 Phone: 815/244-1173 Fax: 815/244-1619

www.campbellcenter.org

NOTE: Please print legibly and sign where indicated. Complete and mail or fax to The Campbell Center office.

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone Day _____ Evening _____ Email _____

Institutional Affiliation _____

Address _____

City _____ State _____ Zip _____ Country _____

For Dorm Assignment Female Male

Please answer the following questions on a separate page:

- Please briefly describe your experience in collections care.
■ Please describe your education or training (attach resumé if possible)

Course Title _____ Date _____

Course Fee \$ _____ Materials Fee \$ _____ Total Fee \$ _____

Name of Scholarship Requested * _____ Scholarship Amount \$ _____

Scholarship Approved by _____ Date _____ *All Scholarships are subject to approval.

Certificate Program Participant: Yes No \$25 Annual Certificate Fee - Date Paid _____

Friends Member: Yes No \$100 Annual Friends Fee - Date Paid _____ AIC Member: Yes No

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

VISA MASTERCARD (complete information below) Check/M.O. Check Number _____

Name on Card _____

Card Number _____ Exp.Date _____

Total Amount Due \$ _____ Amount to Charge \$ _____ Date _____

Billing Address for Credit Card _____

I grant permission to Campbell Center to use photos taken of me in class for marketing or promotional use. Yes No

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

Applicant Signature _____ Date _____