

2011 CERTIFICATE PROGRAM APPLICATION

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 \_\_\_\_\_

Institution Affiliation \_\_\_\_\_

☐ Collections Care Core Certificate ☐ Collections Care Specialty Certificate ☐ Historic Preservation Certificate

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)
■ How will the Collections Preventative Care / Historic Preservation training be used?

I have read and understand the Certificate Program information. I have enclosed the \$25 application fee. I understand that I have three years to complete each certificate. A \$25 maintenance fee will be due each year I am enrolled in the program. I understand that the Campbell Center Certificate Program is dependent on grant funding that cannot be guaranteed.

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

☐ VISA ☐ MASTERCARD (complete information below) ☐ Check/M.O. Check Number \_\_\_\_\_

Card Number \_\_\_\_\_ Exp.Date \_\_\_\_\_ Amount \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Signature/Name on Card \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Reference # \_\_\_\_\_