

# 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 \_\_\_\_\_

Core Curriculum Certificate     Historic Preservation Certificate     Specialty Track Certificate

Please briefly describe your experience in collections care (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Please describe your education or training (attach additional pages or resumé)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the Certificate Program information. Enclosed is my \$25 application fee. I understand that I have three years to complete each certificate, and 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, and that funding 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 \_\_\_\_\_

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

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