# Registration Form

#### Mail to:

Cleveland Institute of Art Continuing Education 11610 Euclid Avenue Cleveland OH 44106 Fax to: 216.754.4089
For questions call: 216.421.7460

## Online:

nv.cia.edu/ceco

### **Gift Certificates?**

my.cia.edu/ceco

Cleveland OH 44106		Additional Information ( ) new student ( ) CIA Alumni
Please use one registration form per student. Photocopie  Student	( ) US Veteran ( ) returning CE student ( ) address change	
last name first name	parent or guardian for students under age 18	Where did you hear about the Continuing Education Program?  ( ) catalog
date of birth grade (students 18 and under)	gender identity	( ) received in the mail ( ) picked up from:
street address		( ) friend/family member ( ) print advertisement ( ) publication:
city	state zip	( ) radio advertisement ( ) channel:
primary phone		( ) online ( ) CIA website ( ) other website:
e-mail address (please provide to ensure you receive	ve pertinent notification about your class(es)	( ) email ( ) CIA email
student year of high school graduation		( ) email from:
Courses		( ) Instructor/Guidance Counselor:
course number / title	tuition	Demographic Information (voluntary)
course number / title	tuition	( ) African-American ( ) Hispanic ( ) Asian/Pacifc Islander
course number / title	tuition	( ) White/Non-Hispanic ( ) Native American/Alaskan ( ) other
	total payment due	
Please check if you do not want your child photographed or to allow any photos or video obtained of your child while in a	videotaped by CIA. If this box is not checked, you are agreeing classes at CIA to be used in any CIA publications.	
( ) I am a teacher and would like to earn up to 2.4 CEUs for ea (At the first class a CEU tracking sheet will be provided for y		
Credit card payments will be charged a 2.95%	authorization fee	
Payment ( ) check ( ) money order ( )	Visa ( ) MasterCard ( ) Discover ( ) AmEx	( ) Purchase Order #
credit card number	expiration date	CV Security Code
name of cardholder		
billing address	city	state zip

### PLEASE READ AND SIGN BELOW

I have read and understand the registration and refund policies of Cleveland Institute of Art's Continuing Education program. By signing below, I authorize Continuing Education to process my payment as indicated above.

signature date