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: my.cia.edu/ceco	Gift Certificates? my.cia.edu/ceco	
Please use one registration form per student. Photocopies are accepted. Please print clearly.			() new student () CIA Alumni () US Veteran	
Student			() returning CE student() address change	
ast name first name parent or guardian for students under age 18 date of birth grade (students 18 and under) gender identity			Where did you hear about the Continuing Education Program () catalog () received in the mail () received in the mail	
date of birth grade (students	gender iden	ity	() 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 en	() email			
student year of high school graduation			() CIA email () 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	
	t	otal payment due		
	ld photographed or videotaped by CIA. If this b your child while in classes at CIA to be used in			
() I am a teacher and would like to earn up (At the first class a CEU tracking sheet w				
Payment ()check ()mor	ney order () Visa () MasterCar	d ()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.