

# 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](http://my.cia.edu/ceco)

**Gift Certificates?**

[my.cia.edu/ceco](http://my.cia.edu/ceco)

**Additional Information**

- new student  
 CIA Alumni  
 US Veteran  
 returning CE student  
 address change

**Where did you hear about the Continuing Education Program?**

- catalog  
 received in the mail  
 picked up from:

- friend/family member

- print advertisement  
 publication:

- radio advertisement  
 channel:

- online  
 CIA website  
 other website:

- email  
 CIA email  
 email from:

- Instructor/Guidance  
Counselor:

**Demographic Information (voluntary)**

- African-American  
 Hispanic  
 Asian/Pacific Islander  
 White/Non-Hispanic  
 Native American/Alaskan  
 other

Please use one registration form per student. Photocopies are accepted. **Please print clearly.**

**Student**

last name first name parent or guardian for students under age 18

date of birth grade (students 18 and under) gender identity

street address

city state zip

primary phone

e-mail address (please provide to ensure you receive pertinent notification about your class(es))

student year of high school graduation

**Courses**

course number / title tuition

course number / title tuition

course number / title tuition

**total payment due**

Please check if you do not want your child photographed or videotaped by CIA. If this box is not checked, you are agreeing to allow any photos or video obtained of your child while in 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 each class I take.  
(At the first class a CEU tracking sheet will be provided for you to complete.)

**Payment**  check  money order  Visa  MasterCard  Discover  AmEx  Purchase Order # \_\_\_\_\_

credit card number expiration date CV Security Code

name of cardholder

cardholder signature

billing address city state zip