REGISTRATION FORM  Spring 2020

For Office Use:
Book ______________ Materials ______________ Enrolled ______________ Billed ______________

PAFA MEMBER REGISTRATION BEGINS: AUGUST 5
PUBLIC REGISTRATION BEGINS: DECEMBER 4

Date
Date of Birth

Last Name
First Name
Middle Initial

Address
City
State
Zip

Phone – cell
Phone – other
Email

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<tr>
<th>COURSE #</th>
<th>TITLE/SECTION</th>
<th>DAY/TIME</th>
<th>INSTRUCTOR</th>
<th>TUITION</th>
<th>LAB/MAT FEE</th>
<th>TOTAL</th>
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METHOD OF PAYMENT

- □ VISA
- □ Mastercard
- □ AmEx
- □ Discover
- □ Check* #__________
- □ Cash

Name on Credit Card

Credit Card Number
Expiration Date

Signature
CVV Code

Tuition Total

 Locker

 Sub Total

 Discount*

 CE Community Scholarship Donation

 TOTAL

* PAFA Members at the Friends level and above receive a 10% tuition discount

I agree to abide by the policies and regulations in printed materials and on the website of Continuing Education Programs at PAFA. I have read and understand policies regarding credits, withdrawals, refunds and course cancellations.

Signature (required) Date

Have you taken a class here before? □ Yes □ No

How did you find out about us?
- □ Internet (What site?) ____________________________
- □ Radio (What station?) ____________________________
- □ Newspaper/magazine ____________________________
- □ Other (Please specify) ____________________________

How did you receive this catalogue?
- □ Mailed to me □ Picked it up at: ____________________

Are you an PAFA member? □ Yes □ No

PAFA Membership Level ______________________________
Expiration Date ______________________________________

For K-12 educators
- □ I am taking a course for PA Act 48 credit or New Jersey Dept of Ed Professional Development Credit.
  PA Professional Educator I.D.# ______________________

Please check if you would like more information about PAFA academic programs
- □ Bachelor of Fine Arts
- □ Post-Baccalaureate
- □ Master of Fine Arts
- □ Low Res MFA

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