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|--------------|--|---------------|----------------|
| Date | | Date of Birth | |
| Last Name | | First Name | Middle Initial |
| Address | | City | State Zip |
| Phone – cell | | Phone – other | Email |

| COURSE # | TITLE/SECTION | DAY/TIME | INSTRUCTOR | TUITION | LAB/MAT FEE | TOTAL |
|----------|---------------|----------|------------|---------|-------------|-------|
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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

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

Tuition Total

Locker

Sub Total

Discount*

**CE Community
Scholarship
Donation**

TOTAL

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

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

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