



Continuing Education Registration

Semester: _____

Please mail to:
 New York Academy of Art
 Attn: Continuing Education
 111 Franklin Street
 New York, NY 10013

Name:		
Address:		Apt:
City / State		Zip:
Phone:	Email:	
Emergency Contact Person:	Relationship:	Emergency Phone No:

Education <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Graduate School <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Where did you hear about us? <input type="checkbox"/> Our website <input type="checkbox"/> Postcard <input type="checkbox"/> Email solicitation <input type="checkbox"/> Word of mouth <input type="checkbox"/> Advertisement – Which? _____ <input type="checkbox"/> Other: <i>(Please Explain on Back)</i>	<input type="checkbox"/> Attended another NYC art school? <input type="checkbox"/> Art Student's League <input type="checkbox"/> National Academy <input type="checkbox"/> FIT <input type="checkbox"/> Parsons/New School <input type="checkbox"/> Pratt <input type="checkbox"/> Grand Central
---	---	---

Course	Instructor	Course Fee	Total

Registration Fee	\$25
-------------------------	-------------

Grand Total	
--------------------	--

Payment Information

Check # / Money Order # / Cash	
AMEX _____	Exp: ____ / ____
VISA _____	Exp: ____ / ____
MC _____	Exp: ____ / ____