



# 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:

<b>Education</b> <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	<b>Where did you hear about us?</b> <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"/> <b>Attended another NYC art school?</b> <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
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Course	Instructor	Course Fee	Total

<b>Registration Fee</b>	<b>\$25</b>
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<b>Grand Total</b>	
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## Payment Information

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