

HURRY!

Registration is on a first come, first served basis. For further information, please call **866-241-4918 x513** or email **dvesci@nhia.edu**

MT. WASHINGTON SUMMER PROGRAM REGISTRATION FORM 2010

Name: LAST FIRST MIDDLE
Address:
City: State: Zip:
Phone Number: E-mail:
Work Phone: Emergency Contact: Phone:
Gender: Male Female Date of Birth:

REGISTRATION STATUS

Are you an Art Educator? Yes No
DISCOUNTS: Art Educator: **20%** Alumni: **20%**

COURSE SELECTION:

Select three workshops in order of preference. While the Institute cannot guarantee that you will be assigned your first choices, we will make every effort to accommodate your interests.

SESSION CHOICES

Course #	Course Title	Tuition	Discount	Total
1.				
2.				
3.				
TOTAL:				\$

YES! I do agree to having my photo taken for Institute archives or publicity purposes.

PAYMENT INFORMATION:

Make checks payable to the **New Hampshire Institute of Art** or provide credit card information below. The program fee is non-refundable.
Check enclosed in the amount of: \$ _____
Charge \$ _____ to: Visa MasterCard Discover American Express Billing Zip Code:
Account Number: Card Exp. Date:
Cardholder's Signature: Application Date:

Please return this form with payment to: NHIA, Mt. Washington Summer Program, 148 Concord Street, Manchester, NH 03104