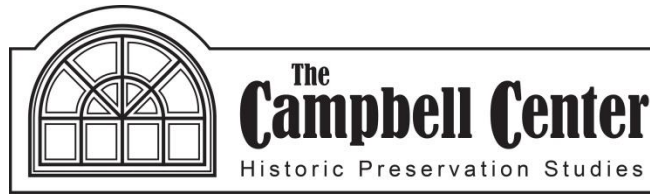


COURSE REGISTRATION FORM



203 E Seminary St Mount Carroll IL 61053 – Phone 815/244-1173 – Fax 815/244-1619 – www.campbellcenter.org
campbellcenter1980@gmail.com

NOTE: Please print legibly and sign where indicated. Mail, fax or email to the Campbell Center office.

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Work Phone _____ Cell Phone _____ Email _____

Institutional Affiliation _____

Address _____

City _____ State _____ Zip _____ Country _____

Certificate Program Participant ☐ Yes ☐ No Current AIC Member ☐ Yes ☐ No

Course Title _____ Date _____

Registration Fee \$ _____ Name of Scholarship or Discount Code _____

***All scholarships are subject to approval**

I certify that the statements made above are true and complete to the best of my knowledge. I understand that courses are dependent upon instructor availability and minimum enrollment requirements and are not guaranteed to run. I have read and agree to the Campbell Center Cancellation Policy as found on www.campbellcenter.org. I understand that by signing this form I grant the Campbell Center permission to use photos taken of me in class for marketing or promotional use.

Applicant's Signature _____ Date _____

PAYMENT METHODS: Certificate fees can be paid by personal checks, business checks, money order, or credit card. Certificate Program applications received by fax must be paid by credit card.

☐ VISA ☐ MASTERCARD (complete information below) ☐ Check/M.O. Check Number _____

Name on Card _____ Card Number _____

Exp. Date _____ Security Code _____ Amount to Charge \$ _____

Billing Address for Credit Card _____

Signature/Name on Card _____ Date _____